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DIVISION OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10403 1 DECEASED-NAME First Middle Last 2g. DATE OF DEATH deoth. and and (Type or print) Royal Allen Leon rs ofter 3. SEX A PACE S. DATE OF BIRTH 6. AGE (In years IF UNGER I YEAR last birthday) DAYS Male White hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country Virginia Prince Georges U. S. A. DIVORCED [WIDOWED [24 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the deoth certificate be executed within cremotion, or removal, and in any event, with give street address) during most of working life, even if retired.) INDUSTRPr. Geo pleose remove corbon Upper Marlboro the ottending physician and completely sit permit. Then please remove corban Ratired County Gov. 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Md Upper NO DA 13b. COUNTY YES Geo's THER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Middle Della William L Allen Snaad 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Same as Item Yes, na, ar unknown) 14-12-7792 Mrs. Allen-#10 George Wesley APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR ASNA CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol PART 2_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) been os the Page 4 may be retained by the hospital or ottending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? YES 🗀 be detached for use State Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State 21s. PLACE OF INJURY City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram (I) (we) last saw the deceased alive an 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v DEGREE 22e. ADDRESS 22d. PHYSICIAN'S Clark Holmes, M. D. NAME (Type) A Upper Marlboro. 20870 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, BUT IS (Specify) Trinity Cemetery 7/5/68 Upper Marlboro P.G. Md. 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 30M REV 68 1968 Ritchie Bros. Upper Marlboro. Md.

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CAL EXA execute ar. Page d far yau TOR: Page		22a. I certify that I taak charge of the remains described above, held an Autapsy (x), Inspection (x), Inquiry (x),	and in my apinian
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10406 CERTIFICATE OF DEATH Middle last 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR Manth 10 The law requires that the death certificate be executed within 24 hours after death (Type or print) Frederick H. Ball 10 P.M Jul v 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthaay) Male Caucasian Feb. 5, 1881 7a. BIRTHPLACE (State ar fareign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington D.¢ U.S.A. WIDOWEDXXX DIVORCED Prince George's completely filled burial, crematian, or remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Prince Geo.Gen'l Hospital during most of working life, even if retired.)

Retired INDUSTRY Cheverly Railroad 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Mary Tand Prince George's Seat Pleasant 6195 Central 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost HENRY MARY BALL STREET 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no prunknawn) (If yes give war or dates of service) 719/03/1760 Lawrence C Ball POBox 26I Edgewater 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR-AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior to 19g, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO TY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22h SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) David Anders, M. D. 3308 Dodge Park Rd., Landover, Md. 20785 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) Mt Olivet Cemetery Washington D.C. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR A15 (4) Lee Funeral Home 300 4th St NE D.C. 30M REV. 1/68

aper ou office the diff derivative The first and th a Hermitian and the San Trings day, Cen'll in quest as the ele will ability the country body and properly and a properly confirm to the confirmation of th Savid Addens, I', H, 1305 Sant St. .. Late Ser. C. 4114 The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 :0707 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2g. DATE OF DEATH 25. HOUR requires that the death certificate be executed within 24 hours after death. er deoth July Month 17 Doy 1968 ar (Type or print) Arthur Barbour Harry 3. SEX 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS AGE (n years lost bighdoy) 7-9-1892 daŭcasian wala O LIKIMPLACE (State or foreign 7b CHIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED A NEVER MARRIED Prince Georges County U.S.A. DIVORCED | New York WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR in any event, with dump man of warteng life, even if retired) Oron Hill 13o USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? edmission) STATE Maryland 13b COUNTY ince Georges Oxon Hill VES 4925 Deal Drive NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Lost M.ddle Sarah Tomlinson Barbour Harry Address Va. 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN L S ARMED FORCES? Yes, no, or unknown) (If yes nive wor or dates of service) Paul H. Byers, Son-in-law, 6845 Summitt Rd 225 46 4794 O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical director, page 3 should be detached for use as the burial-transit permit. There is should be filed with the State Dept. of Health prior to burial, cremation, or remayal, 18 CAUSE OF DEATH (Enter only one cause per line-for (a), (b) and (c).) BETWEEN DINSET AND DEAT PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a) Canditions, if any, which gave) rise ta immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES . HO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22b. SIGNATURE 22c. DATE SIGNED STAFF 7-17-1968 PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Typé 101 Audrey Lane, Oxon Hill, Maryland Herbert Wisotsky. 23c. NAME OF CEMETERY OR CREMATORY 23a. BJRIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) REMOYAL (Specify) 7-20-1968 St. Barnabas Cemetery Oxon Hill, Maryland Inc., ADDRESS 30 Just Director awler's Sons, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Wisc. Ave. VR A15 (4) 1968 30M REV, 1/68 D.C. 20016 N.W. Wash.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 103 CERTIFICATE OF DEATH DECEASED-NAME Middle First 20 DATE OF DEATH 2b HOUR (Type at point) Month requires that the death certificate be executed within 24 hours after deat 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNCER 24 HRS. last bigthday WH in by 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) EORGE WIDOWED TO DIVORCED RINCE filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 125 KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** HOUSE WIFE in any event, 3a JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER admission) STATE 13b. COUNTY 20WIE 14 FATHER'S NAME First Middle Last IS MOTHERS MA DEN NAME First Middle and SEORGE the attending physician sit permit. Then please 6g. WAS DECEASED EVER IN J.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (III yes give war or dates of service) crematian, ar removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH EREBRAL VASCULAR MMEDIATE CAUSE (a) Canditions, if any, which gave ! CEREBROUASCHIAR LISERSE RIERIO SCLEROTI signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been as the 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY2 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [detached far use e Dept. of Health 21g ACCIDENT WAS UNDERLYING TENDING PHYSICIAN: 21c. HOW INJURY OCCURRED 216 TIME OF INJURY (Enter nature of injury in Port 1 or Port 2, Item 18) DR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Tawn County State While Not while of work 22a. I certify that (1) (this hospital) attended the deceased fram. JUNE, 1966, ta saw the deceased alive an MAY 7 1968, and that in (my) (our) apinion death accurred on the date and hour and from the be retained causes stated abave, (1) (we) (did) (did not) view the bady after death 22b S GNATURE 22¢ DATE SIGNED TO HOSPITAL OR A DEGREE PHYS D RECTOR PHYS 22e ADDRESS 22d PHYS CIAN S Norman K. Bohrer, M.D. 3231 Superior Lane NAME (Type) Bowie, 23b DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) Cremation Ft. Lincoln 7/12/68 Colmar Manor Md. 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ochonlas Francis Gasch's Sons Hyattsville, Md.

MAKTLAND STATE DEPAKIMENT OF HEALTH



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STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME 2g. DATE OF DEATH 2b HOUR death funeral 1 and (Type or print) 'sición and campletely filled in by the fur please remave carban papers. Pages 1 I, and in any event, within 72 hours after serthicate be executed within 24 haurs after 3 SEX 4 RACE 6. AGE (In years IF LINDER + YEAR IF UNDER 24 HRS DATE OF BIRTH lost buthday) MONTHS HOURS DAYS 70 BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTY OF DEATH B. MARRIED T NEVER MARRIED WIDOWED C DIVORCED [TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e LSUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during mast of working life, even if retireds) INDUSTRY 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 130 13b. COUNTY 14 FATHER'S NAME Middle £ØSŤ IS MOTHER'S MAIDEN NAME First 17 INFORMAN Yes, no, or unknown) ar remayol. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) requires that the death attendu permit. HRONIC crematian, the Conditions, if any, which gave) bur.al-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0) as the prior ta 19a DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? this certificate has CAUSES OF DEATH? far use (Health p YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INSURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A M Month Day 50 f e ther, notify medical examiner) P.M. etached 21d JURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Caunty Stote While Not while at work After 220 I certify that (4) (this hospital) attended the deceased from 11-28 Page 4 may be retained by O FUNERAL DIRECTOR: After 1968, and that in (rey) (our) opinion death occurred on the date and hour and from the saw the deceased alive onshould causes stated above, (4) (we) (did) (did not) view the body ofter deoth. 22b, SIGNATURE 22c DATE SIGNED ATTENDING DEGREE director, page shauld be filed PHYS DIRECTOR 22e ADDRESS 22d PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) 23o BUR AL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) REMOVAL (Spec fy) 07 Cuitland 2Sb. 300



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. 1. DECEASED-NAME Middle First 20. DATE KNOWNE Year (Type or Print) DEATH MATED 3 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS 2r DATE PRONOUNCER HOUR Year 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) form WIDOWED [DIVORCED in Item 18. Give Poges 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done e certificate, writing the word "pending" in pencil in Item 18. Give Pog should be forwarded to the Chief Medical Examiner's Office along with during most of working life, even if retired.) 130. USUAL RESIDENCE (Where decoased lived, it institution, the dence before 13c. CTV)OR TOWN 13e STREET AND NUMBER admission) STATE 13b COUNTY ond 2 offer 14 FATHER S. NAME 1S. MOTHER'S MAIDEN NAME First poges hours 17. INFORMANT 16b SOCIAL SECURITY NO APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF uriol-framsif Conditions, if phy, which gave rise ta immediate cause (a). should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . == puo certif cote PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAU DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 9 NO 2.a. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 0 21b TIME OF IN, JRY Manth, Doy, Year should HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF NURY (At home, farm, street, 21f LOCATION Street or R.F.O. No. County City or Town State factory, office building, etc.) NOT WHILE IT AT WORK AT WORK 22a | certify that I taak charge of the remains described above, held an Autopsy (4) Inspection [1] and in my apin an Suicide [death resulted from. Notural causes Accident . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER the funeral FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Heolth ADDRESS(Street, city, tawn or county) NAME (Type) 23a BLRIAL, CREMATION 23c. NAME OF CEMETERY 23d LOCATION (City or Town) Colmar Manor Pro Geo Md. Ft Lincoln Cemetery July 6, 1968 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15ME (5) TOM REV. 1/68



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OR OR OF Seed years		Red	M/2 Come		MED. DIRECTOR D STAFF D 8	uz 16, 1968
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Bg ge Hours	23 e	BURIAL, CREMATION, 23b REMOVAL (Specify)	_ / /	OF CEMETERY OR CREMATORY	23d AOCATION (City of Town)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10406 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Inst 20. DATE OF DEATH 2b HOUR (Type or print) 1968 Marie Μ. July Bosc ampletely filled in by the fun ve carbon papers. Pages 1 event, within 72 hours after (3. SEX 4. RACE 5. DATE OF BIRTH HE HAIDER 1 YEAR requires that the death certificate be executed within 24 hours after last birthday) DAYS Female Caucasian 3/24/1892 70 BIRTHPLACE (State or foreign 7h. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED IIS A WIDOWED XXX DIVORCED Prince George's

12a USUAL OCCUPATION (Kind of work dame rampletely filled in ave carbon paper Italy 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12b KIND OF RUSINESS OR give street oddress)
Prince Geo.Gen'l Hospital At Home during most of working life, even if retired)
Housewife Cheverly 13a USJA, RESIDENCE (Where deceased lived, funstitution, Residence before 113c, CITY OR TOWN 13d INSIDE CITY JMJTS? 13e STREET AND NUMBER Seat Pleasant NO 13b COUNTY Prince George's Maryland 6470 Addison Rd 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Unknown Unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO. 17 INFORMANT Yes no. or unknown) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar removal, Hospital Records APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))
PARY I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Cardiac failure with pumonary edema & congestion DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Chronic passive congestion of liver with centrolobular rise to immediate cause (a), necroses & jaundice. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! (d) Generalized arteriosclerosis, severe, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. at Health priar to least the state of the sta Status 2 week post resection of obdominal aortic aneurysm. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESTYX NO 🗆 216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Gty or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from March, 1968, to July 14, 1968, that (I) (1004) lost sow the deceased alive on July 14, 1968, and that in (my) (2004) apinian death occurred on the date and hour and from the couses stated above, (1) * (did) bank view the body after deoth. 225 SIGNATURE 22c. DATE-SIGNED XXX DIRECTOR PORGRA 22e. ADDRESS 22d. PHYSICIAN 5 NAME (Type) William A. Holbrook, M. D. 4500 College Ave., College Park, Md. 20740 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION, 23b, DATE (County) REMOVAL (Specify) Fort Lincoln Cem. Colmar Manor Maryland 7/17/68 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR 5 SENATUR J. Wm. Lees Sons, Co.300 4th St. Wash.Dd DATE 30M REV 1/68



		べたな PF MARYLAND STATE DEPARTMENT OF HEALTH
3/ /2/1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		Item#6, FilmG402 7/11/68 km CERTIFICATE OF DEATH
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physician. signed by the attending physician amount carbon papers. Pages I and burial-transit permit. Then please remove carbon papers. Pages I and burial, crematian, or removal, and in any event, within 72 haurs after death		give street address) during most of working life, even if refired INDUSTRY
基 基础 / / / / / / / / / / / / / / / / / /	10	Cheverly Prince Georges Hospital Carpenter Building US_AL RESIDENCE (Where deceased lived, if institution, Residence before 13c C TY OR TOWN 13a Institution 13e STREET AND NUMBER
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AL DO		22d PHYSICIAN'S 22e. ADDRESS
PI MAN Tage		NAME (Type) Don B. Cameron M.D. Perry St. Mt. Rainier, Maryland
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cre-	23a	BJRIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
- B. G. F. F. &		stMOVAL (Specify) 7/8/68 Pin Oak Grove Cemetery Zepp Virginia
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FOR STANE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTHHOETT.		ECEASED-NAME First Middle Last 20 DATE KNOWN Manth Day Year 2b Hour OF EST DEATH MATED PORT 16 M
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ny del , 2, and n PM3	7a	BIRTHPLACE (Stote or foreign 76 C MZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH /
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ofter deoth Give Pages olong with far with the State leoth.	10. 0	III. NAME OF HOSPITAL OK INSTITUTION (IS not in nospital 20. USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
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TO DEPUTY necessory, pleas the funerol direct 5 may be retain TO FUNERAL DIRE		ACTUAL SIGNATURE DOWN OWALK M.D. ASSISTANT MEDICAL EXAMINER 1226 DATE SIGNED DEPUTY MEDICAL EXAMINER 531 & ADMINISTRATION OF COUNTY BEACHES FULLY MEDICAL EXAMINER 1753 & ADMINISTRATION OF COUNTY BEACHES FULLY MEDICAL EXAMINER 1753 & ADMINISTRATION OF COUNTY BEACHES FULLY MEDICAL EXAMINER 1753 & ADMINISTRATION OF COUNTY BEACHES FULLY MEDICAL EXAMINER 1753 & ADMINISTRATION OF COUNTY BEACHES FULLY MEDICAL EXAMINER 1753 & ADMINISTRATION OF COUNTY BEACHES FULLY MEDICAL EXAMINER 1753 & ADMINISTRATION OF COUNTY MEDICAL EXAMINER 1754 & ADMINISTRATION OF COUNTY MEDICAL EXAMINER 1755 & ADMINISTRATION OF COUNTY MEDICAL EXAMINER 1755 & ADMINISTRATION OF COUNTY MEDICAL EXAMINER 1755 & ADMINISTRATION OF COUNTY MEDICAL EXAMINER
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800	24.	FUNERAL DIRECTOR ADDRESS 250. REG D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1768	F	Gasch's Sons Hyattsville, Maryland DAUL - 8 1968 Clearles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH I DECEASED-NAME First Middle 20 DATE KNOWN Month Year (Type or Print) OF ESTI-196 William Brauer DEATH MATED 17 F UNDER 1 YEAR 4 RACE IF JNDER 24 HRS 3. SEX S DATE OF BIRTH 6 AGE - years 2c DATE PRONOUNCED DEAD Yeor 68 July 1914 To BIRTHPLACE (State or foreign 176 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Prince George countatto. D. VORCED [Give Pages 11 NAME OF HDSPITAL OR INSTITUTION (If not in hospital 19 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Office along with, g ve street oddress) Prince George Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d NS-DE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY odmission) STATE Reistertown and 2 offer 14. FATHER 5 NAME IS MOTHER'S MAIDEN NAME John Brauer Therasa Plock hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no, or priknown) Mrs. Eugenia Braver per Reisterstown, Md. any event within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH 0 PART DEATH WAS CAUSED BY: Heart failure Minutes IMMEDIATE CAUSE (o)_ should be forworded to the Chief Med DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove " Arteriosclerotic heart disease unknown rise to immediate couse (a), This certificate should DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse .= removol, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? 210. EXTERNAL CAUSE WAS ö 21b. TIME OF INJURY Month, Doy, Year 2Tc. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A M PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described obove, held on Autopsy Inspection . Inquiry 3 ond in my opinion Notural causes Homicide deoth resulted from: Accident / Suicide [Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER John Kehoe, M.D., Riverdale NAME (Type) ADDRESS(Street, city, town, or county) 50 230 BUR AL CREMAN ON NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) rvergreen Memorial tinksburg. 24 FUNERAL DIRECTOR 250, RECD BY REGISTRAR 25b REGISTRAR S 5 GNATURE Line & Sons VR A15ME (5) 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle Lost 20 DATE KNOWN TO Month Doy Yeor 2b HOUR (Type or Print) and 3 ta 7-14-68 192: ILOam M Brown DEATH MATED 5 Annie 4. RACE S DATE OF BIRTH 6. AGE (n years F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOLR 3. SEX 2, as. P.M3. P HOURS 6819 2:10amm Negro 4 March 1889 Female 7a BIRTHP_ACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARR ED NEVER MARRIED 9 COUNTY OF DEATH form Waryland USA WIDOWED 😿 DIVORCED [7] Prince George's Pages 11 NAME OF HOSPITAL OR INSTITUT ON (f not in hospital 120 JSUA, OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR auxe street oddress)
Prince George Hospital during most of working life, even if retired) INDLISTRY Give Cheverly 130 USUAL RESIDENCE (Where deceased I ved, finishtut on Residence before 13c CITY OR TOWN 13d UNSIDE CITY LIM TS? 13e STREET AND NUMBER Prince George ndm ssion) STATE YES NO 6407 Kolb Street Pleasant Seat Item 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 9 Marv Edglen unknown e, writing the word "pending" in pencil in farwarded to the Chief Medical Examiner's hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** be executed within (Yes, no. or unknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL any event within 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMIDIATE CAUSE (6) Heart failure DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Conditions, if ony, which gove : rise to immediate couse (a), certificate shauld the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial ,⊆ removal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ø CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES [NO X the certificate, Б 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) 3 should HOUR A M shauld MEDICAL PRIMARY OR CONTRIBUTING burial, cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D No City or Town County Stote factory, affice building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK 22a | certify that | taak charge of the remains described above, held an Autapsy | Inspection X. Inquiry . and in my apinian the funeral director. National causes IC. Aprillent . Suicide . death resulted from: Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-15-68 DEPUTY MED CAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, town or county) NAME (Type) Riverdale. Md. ohn Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION Burial Burial 11/19/68 Woodlawn Cemetery Washinton, D.C. 24 FUNERAL DIRECTOR , REC'D BY REG STRAR 25b REG STRAR S SIGNATURE VR A15ME (5) Stewart Funeral Home-4001 Benning Rd., N **LOM REV 1/68**



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1		20111	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	
•		よりが本権		CERTIFICATE OF DEATH		
153	1 DF	CEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
l and er deoth		one or print) # /		Rancial	Month Da	y Yeor 29
	2 50		DEIA	BROWN	1 1000	
	3 SE	-	4. RACE	S DATE OF BIRTH	6 AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
		- F	WHITE	4/10/7	YRS.	
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	<u> </u>	20		(Cenara	1. Undersan	Kairel Mr.
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		nse to immediate cause (a), (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE O)F		
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		OR CONTRIBUTING CAUSE OF DEATH		or	ner littlere ar injuly in roll 1 of roll 2,	Helit 10 }
	MEDICAL	(If either, notify medical examin		19		
	≥ .	21d IN.JRY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.	FACTORY,) 21f LOCATION Street or R F.D. I	No. City or Town	County State
		of work — of work —				
		22a. I certify that (1) (this	s haspital) attended the decec	rsed fram 3 - 30 , 19 19 6 8 , and that in (my) (aur) a	G8, to 7-16, 19	that (we) last
		saw the deceased al	ive an	19 6 8, and that in (my) (aur) a	ipinian death accurred an the di	ate and haur and tram the
			, (ii) (we) (did) (did not) view th		1 00.	DATE SIGNED
		22b. SIGNATURE	Q Cha	M.O. ATTENDING	MED NOW STAFF	
		and private the f	e o near	DEGREE PHYS. 22e ADDRESS	DIRECTOR PHYS L	7-16-68
1		22d PHYSICIAN S NAME (Type)	LYER B SI	HEER 6400 MAR	PARESE	Wack D.C
					PORU INCIE CIA	
	23a	BLRIAL, CREMATION, 23b D	DATE 23c NAME C	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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독 무성된		ECEASED NAME Fir (ype or pnnt)		Lost	20. DATE OF DEATH Month	Doy Year
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fur fer	3 5	X	4 RACE	S. DATE OF BIRTH	6 AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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PHYSICIAI ne hospital this certifica etached fa Dept. af H	¥	21d INLURY OCCURRED 2	THE PLACE OF INJURY (AT HOME FARM, STRI	ET, FACTORY.) 21f LOCATION Street or	R F D. No. City or Town	County State
a a fi ta d		White Nat while at wark	•			
UDING d by t After d be d		22a. I certify that 🗱 ((this haspital) attended the dec	eased fram July 13	, 19 <u>68</u> , ta <u>July 14</u> ,, aur) apinian death accurred an the	19.68 , that th (we) last
NO PER		saw the deceased	olive an JULY 14, eve, (t) (we) (did) (didknet) view		aur) apinian death accurred an the	date and haur and fram the
ATTER staine crors shoul		22b. SIGNATURE	ive, to (we) (did) (dealest view	7		22c DATE SIGNED
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RAIL PITA		61 0 30F 7F	onald Edgren, M.	Prince	Geo. Plaza, Hyatts	sville, Md.20783
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should shauld be filed with the	23n			E OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) ¿(State)
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*	24	FUNERAL DIRECTOR	ADI	RESS, 25a.	. REC'D BY REGISTRAR 2Sb REG STR	AR'S SIGNATURE
VR A15 (47) 30M REV 1X/08		Kil Witt A	Garaldian,	taunet out DAI	UL 2 2 1968 RCL	may Judge



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Lost 2a. DATE OF DEATH funerol Tond 2 er death. (Type or print) Bruce Louis Buck icon and completely filled in by the functions. Pogos 1 ond in ony event, within 72 hours affect ond in ony event, 4 RACE S DATE OF BIRTH 3 SEX 6 AGE (In years last birthday) MONTHS I DAYS HOURS Oct. 1, 1875 Male White YRS be executed within 24 hours 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED country Penna. U. S. A. Prince Georges WIDOWED TY DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street oddress) Old Crain 10. CITY OR TOWN OF DEATH ... 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working ife, even if retired) INDUSTRY Upper Marlboro Highway Tobacco Farming Own Farm 13c div or town Upper Merlhor 13e STREET AND NUMBER Old Crain Highway 13a USUAL RES DENCE (Where deceased) yed, if institution, Residence before 13d. INSIDE CITY LIMITS? 13b. COUNTY NO X YES [Pr.Geo's Md 14. FATHER S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Daniel Buck Susan Robison 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO 17. INFORMANT Address The low requires that the duoth certificat They be 217-36-658 Russell Buck - Upper Marlboro. burial, cremotian, or removal, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY signed by the ottendii buriol-tronsit permit. MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or ottending phyaicion. stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO | 21a ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Dov Year P.M. 21d INJJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R F.D. No. City or Town County Stote While Not while at work 22a I certify that (1) (this hospital) attended the deceased from 19 40, to 111 y 13, 19 68, that (1) (we) last saw the deceased alive an 19 40, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. DIRECTOR DEGREE 22d. PHYSICIANS 22e ADDRESS NAME (Type) Robert B. Sasscer, M. D. Upper Marlboro . Md. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, 23b DATE (County) (State) Burial Burial 7/16/68 Upper Marlboro P.G. Md. Trinity Cemetery 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 30M REV. 1/68 Ritchie Bros. Upper Marlboro, Md.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR and 2 executed within 24 haurs after death. (Type or print) Month July Otho Carpenter and completely filled in sychneterremave carbon papers. Lages 1 in any event, within 72 hours after 15 LINDER 1 YEAR OF LINDER 24 HRS 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years HOURS lost birthday) 11 June 1888 Negro Male 7b. CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED country C. U.S.A. DIVORCED XXX WIDOWED [7] Pr. Geo. 120 LSUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street address)
Pr. Geo. Gen. Hosp. during most of working life, even if retired) INDUSTRY Chevetly Moulder Retired 13o USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 13e. STREET AND NUMBER 3d INSEDE CITY JAHTS? 136 COUNTY NO 🗔 5325 Maryland Nve St 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Unknown Frank Carpenter lease 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) a burial, crematian, ar removal Catherleen Mayhew-828 20th Street 18 CAUSE OF DEATH (Enter only one couse per line for (a)-fb), and (c), BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 196 DATE OF OPERATION CAUSES OF DEATH? YES I NO XX 2To, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 1 21f, LOCATION Street or R.F.D. No. City or Town County State While Nat while at work causes stated above; (did) (did) (did) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING July 17, 1968 DEGREE DIRECTOR PHYS 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type) Donald Edgren Prince George's General Hospital Cheverly 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Martylafide) 230 BURIAL CREMATION 236. DATE Church Semetery REMOVAL (Specify) 7-21-68 North Carolina Wake For 255 REGUTAR'S SIGNATURE 9 Buris 3015 12th Street, N/E 24. FUNERAL DIRECTOR 25g. RECD BY REGISTRAR VR A15 (4) John T. Rhines Co. Washington, D. C. 30M REV, 1/68



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME Middle Lost 20 DATE KNOWN Month Year (Type or Print) ESTIdelay is and 3 ta M3. Page 7-13-68 199: 1.7pmm Chandler DEATH MATED X Herbert Hoover ny delay IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE S DATE OF BIRTH 6. AGE /In voors 2d HOUR 3 SEX tast birthday] 68199:50pm M 8-13-1932 Male White YRS 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH alang with farm country) a WIDOWED [D' VORCED Prince George 's G ve Pages the State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL- OR INSTITUTION (If not in hosp to 12g USUAL OCCLPATION (Kind of work done 126 KIND OF BUSINESS OR o ve street oddress) during most of working ife, even firetired) INDUSTRY Bladensburg 1275 58th Avenue WITH 13g USUAL RES DENCE (Where deceased lived, if institution, Residence hefore 13c CITY OR TOWN 13d INSIDE CITY DMITS? 13e. STREET AND NUMBER George 's Bladensburg YES 🔂 NO 🦳 4275 58th. Avenue affer 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Middle Lost pages haurs ADDRESS-16b SOCIAL SECURITY NO 17 INFORMANT pengl (Yes, nover unknown) shauld be forwarded to the Chief Medical Exami ElviRA KOPEAN UNKHOWN FRANERICKS F116 be executed within .B CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c)) BETWELL ONSET AND DEATH permit. PART I DEATH WAS CAUSED BY. pending Gun shot wound of head IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ≘ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) D 50 nsed 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [7] NO DE ö 21g EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY Manth, Day, Year 3 shauld PRIMARY TO OR CONTRIBUTING MEDICAL crematian, CAL EXAMINER: Shot self in head CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN.LRY (At home, farm, street, 21f LOCATION Street or R F D No City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK IN home same as # 13 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection XI. Inquiry and in my apinian Natural causes Suicide 3 death resulted fram. Hamicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER (3 **FXAMINER'S** may Riverdale, Md. NAME (Type) John/Kehoe MD ADDRESS(Street, city, town, or county) 50 23a BURIAL CREMATION NAME OF CEMETERY OR CREMATORS 23da LOCATION (Cityar Tawn) (County) (State) FUNERAL DIRECTO ADDRESS REG STRAR'S SIGNATURE VR A15ME (5) 1968 TOM REV 1/66



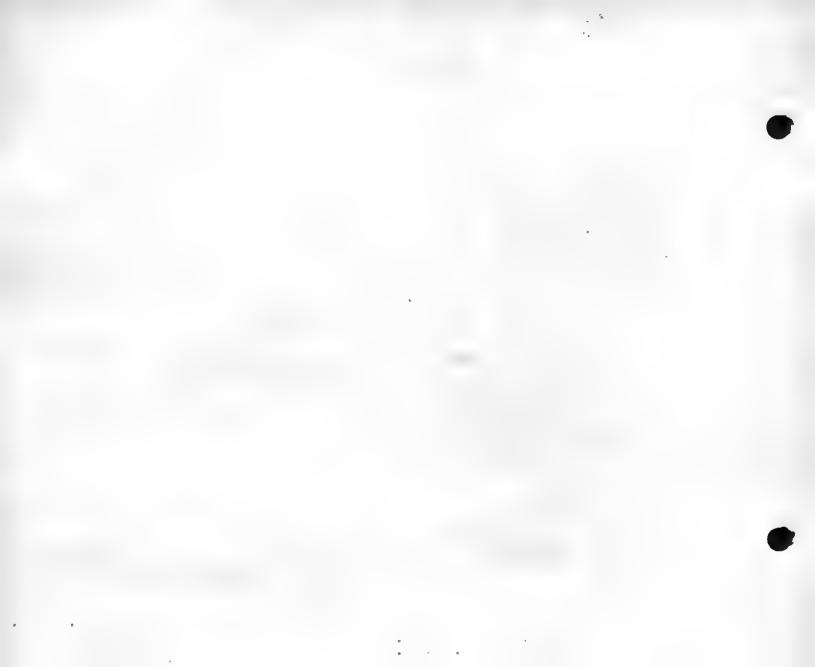
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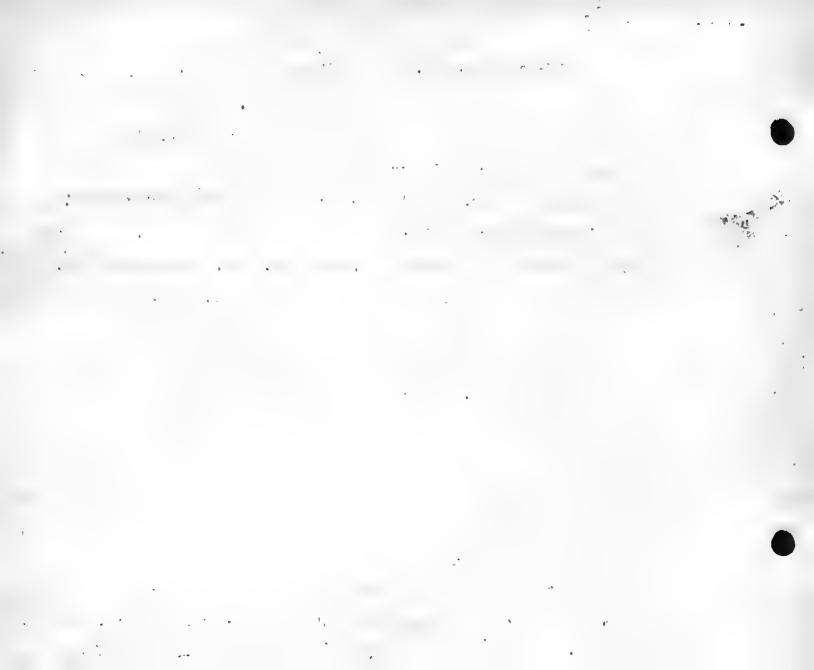
		MARYLAND STATE DEPARTMENT OF HEALTH
At		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DERT.		FCEASED NAME First Modele Lost 20. DATE KNOWN Month Doy Year 26 HOUR
's t 6 m ←	,	Type or Print) JAMES / ENDENHALL (HISHLOM SZ DEATH MATED - SUL 5180) M
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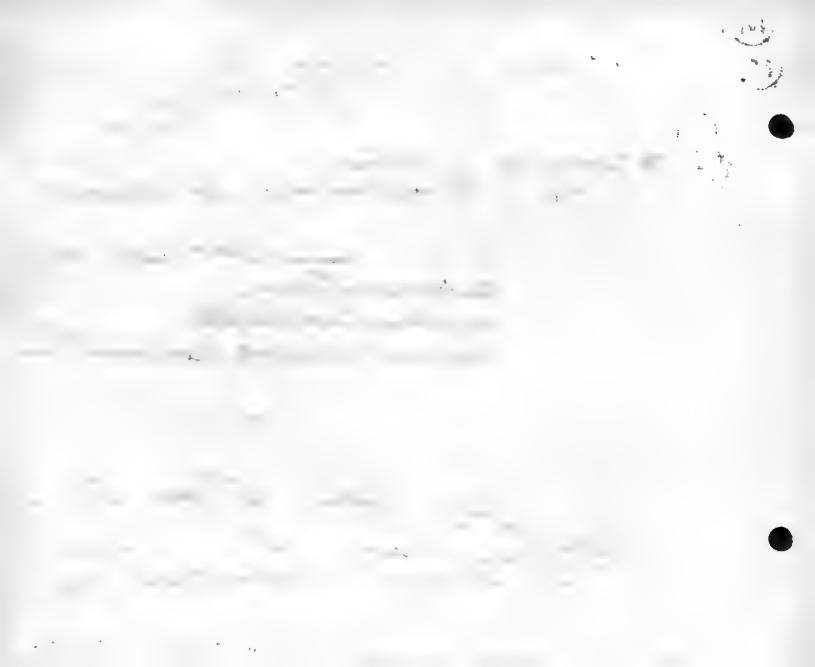
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CO CO	14.5	ATHER S NAME First	Mid	dle Lost	15 MOTHER S MA			Middle		Last
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ING Dy t ter ter tote		22a. I certify that (I) (the	hospital)	attended the decease	ed fram	, 19,	to 7/6	, 19	68 , that	(I) (we) last
ND Fig 1.		saw the deceased ali	ve on	7/6	9 <u>68</u> , and that in (m)	y) (our) apınıan ı	death accurred	an the do	ate and hour o	and from the
So Sine			(I) (we) (did) (did not) view the	body after death			1		
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OR DIRE		Edred / 1/1/	C/104		11113	DIRECTO			16/68	
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TO HOSPITAL OR ATTENDED OF A MANAGEMENT OF TO FUNERAL DIRECTOR: A director, page 3 should be filed with the		Edward Edward	1 5. L	Mehlman, M.D.	6480	O NEW HA	MPSHIRE P	718, 11	TKOMA	1K 17d,
2 8 5 5 5 A	230	BURIAL, CREMATION, 23b D			CEMETERY OR CREMATORY		LOCATION (City or	Town)	(Caunty)	(State)
22 2 7		REMOVACION 7/	10/68		Hill Cemet	ery Fr	rince G	eorge	es Co.	Md.
VR AIS (4)	24	FUNERAL DIRECTOR The	S. H.		Weshingto	2So. REC'D BY REGI	STRAR 2Sb.	REGISTRAR S	SIGNATURE	
30M REV 1/68		2901	14th	Hines ADW. St. N. S.	Washingto	mul - 9	1968	Cleary	As Judge	L



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 A 0430 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2g. DATE OF GEATH 2b. HOUR death. 24 hours after death (Type or pnnt) y Tot ELECTRON Glenn G. Clifton 1968 7:00 N 4 RACE 3. SEX 5 DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS last birthday) DAYS Haurs Female White April 19, 1917 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED TO NEVER MARRIED (duntry) Oklahoma USA Prince George's WIDOWED ! DIVORCED [77] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR executed within Eugene Leland Memorial during most of working life, even if retired) INDUSTRY Riverdale 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY DMITS? 13e STREET AND NUMBER 13b COUNTY NO [YES . Riverdale In.dny 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First First Middle William Robert U. Mincey Ora Legg 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Riverdale, Md. Address Yes, no. ar unknown) I (If was give wor or dates of service) Unknown E. Leland Mem. Hosp. 4408 Queensbury Rd. remaya None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) nemarica ar DUE TO, OR AS A CONSEQUENCE OF ly alroboles. Canditians, if any, which gave) rise to immediate cause (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Ellew + Harren 205 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? 7-14-68 YES [NO 🖂 of Health 21a ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. director, page 3 should be detache shauld be filed with the State Dept. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town State County White Not while at wark Page 4 may be retained O FUNERAL DIRECTOR: A causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR 22d PHYSICIAN'S 228: ADDRESS BLUDE, SILLE NAME (Type) UNIVA (County) 23a BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) Glan Burnie, Md. 7/22/68 Glen Haven Mem'l Park 25g REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Singleton Funeral Home VR A15 (4) 30M REV 1/68 Glen Burnie, Md.



	MARTIAND STATE DEPARTMENT OF HEALTH
$(\Lambda A)1$	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(IAI):	CERTIFICATE OF DEATH
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requires that the death certificate g physician. I signed by the attending physicial burial-transit permit. Then pleas a burial, crematian, or removal, and	Yes, nagar unknown) Itt yes give war or dates of service) 57910/083 Wingura Could (wife) famel
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프론을 로 C	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year [If either, notify medical examiner] P.M. 19 2 21d INVIERY OCCURRED 2 to PLACE OF INVIERY (AT HOME FARM, STREET FACTORY) 216 JOCATION Street or R.F.D. No. City or Town County State
PHYSICIAN: ne hospital ar this certificate etached far ur Dept. af Heati	ZId. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. IOCATION Street or R.F.D. No. City of Town County Stote
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e e = = = =	at wark of work 1
by ly fifter be Stat	220. I certify that (I) (this hospital) attended the deceased from 1900 and that in (my) (cor) opinion death occurred on the date and hour and from the
	couses stoted above, () (did) (did mi) view the bady after death.
TOR dine	22b, SIGNATURE 27/10 22c, DATE SIGNED
OR OR I	ATTENDING MED STAFE
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O HOSPI Page 4 n O FUNER director, should t	230 BURIAL, CREMATION, 286 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 5 5 5 5 5 V	BRURYSAND HOLY 15, 1968 FT. LINCOLN CEM COLMAR MANOR, MARYLAND
	24 FUNERAL DIRECTOR / 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
30M REVITOR	W. W. Chambers Coo Miner Lake M. J. 7 1989 Mineray Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEALTH DEPT 1. DECEASED-NAME Middle 20 DATE KNOWNT (Type or Print) ESTI-8Coffev DEATH MATED (X) 7-21-68 191:Blamm Joseph Michael 3 SEX 6. AGE (n years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 5 DATE OF BIRTH 2d HOUR 9-22-1946 Male White 7o. B RTHPLACE (State or foreign 7b CTIZEN OF WHAT COUNTRY? MARRIED TO INEVER MARRIED 9 COUNTY OF DEATH country) Tllinois WIDOWED [7] DIVORCED F Prince George's 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120 LSUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR the certificate, writing the ward "pending" in pellicil in Item 18. G ve Pag 4 shauld be farwarded to the Chief Medical Examiner's Office alang with during most of working life, even if retired) Prince George Hospital Cheverly 130 USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER J3b. COUNTY YES NO 2900 Jennings Road in [tem 18. Kensington Mary land dont gomery 14 FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First J. Coffey Rose T. Salvatore Harry 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) n 20 n'n/ be executed with 18. CAUSE OF DEATH (Enter only one couse purine for (1, (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Gun shot wound of abdomen DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse ond PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 196 CONDITION FOR WHICH OPERATION 20 ALTOPSY? 19g. DATE OF OPERATION WAS PERFORMED? YES 📆 NO 🗍 21b. TIME OF INJURY Month, Doy, Yeor 210. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, frem 18) PRIMARY TO OR CONTRIBUTING 1:30am 7-21- 1968 Shot during altercation CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R F D No City or Town - County while AT WORK AT WORK AT WORK 15138 Livingston Terrace Apt.302, Prince George's County, Maryland foctory, office building, etc.) 22a | certify that I took charge of the remains described above, held an Autopsy (3), Inspection (32), Inquiry (1), and in my apin an Suicide . Hamicide . Undetermined manner death resulted fram Notural causes CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-22-68 DEPUTY MEDICAL EXAMINER DE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) Riverdale, Md 00 230 BUR AL CREMATION. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) PIL . SO REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) TOM REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1043A CERTIFICATE OF DEATH I. DECEASED-MAME Earst Middle Lost 20 DATE OF DEATH 2b HOUR requires that thm death certificate be executed within 24 hours after death (Type or print) Mont31. Doy 1968 por 12:20A Jul v H. Collins Norman 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years TE JIMOER I YEAR TE LUNDER 24 HRS (asty barthdoy) it on and compretely filled in by the letter remove carban papers. Pages and its any event, within 72 hours aft HOURS Male Caucasian April 24, 1892 70 BIRTHPLACE (State or Foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED = countervland TISA WIDOWED DIVORCED [Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR give street oddress) duting most of working life, even if the weather INDUSTRY Cheverly Prince Geo. Gen'l Hospital
130. JSJAL RESIDENCE (Where deceosed lived, if institution Residence before \$130. CITY OR TOWN 136. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE
Maryland 13b COUNTY Prince George's YES (Z NOF 618 Marlboro Pike 14 FATHER'S NAME First M ddle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost Alice Frank Collins Harry 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Edna D. Collins, Same as #13, physic en ple Wife Yes, no which which was (If yes give war or dates of service) 578101977 transit permit. Then pl crematian, ar remaval, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line tor (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A GONSEQUENCE OF signed by the burial transit p Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Page 4 may be retained by the hospital ar attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. at Health priar ta 19o. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [XXX ON 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR ATTENDING PHYSICIAN: 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) HOUR A.M. OR CONTR BUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (buscharded) attended the deceased from 7.12., 1964, to July 31., 1968, that (I) (was) last saw the deceased alive an July 31 19-68, and that in (my) (out) apinian death accurred an the date and haur and from the causes stated above, (1) (we) (did) find not) view the body after death. 22b SIGNATURE 22c DATE SIGNED STAFF PHYS 7.31.68 DIRECTOR 22e ADDRESS 22d PHYSICIAN S 6872 Riverdale Rd., Lanham, Maryland NAME (Type) Oliver Bond, M. D. 23c NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery 230 BUR AL, CREMATION, REMOVITES ALLEY) PG County Mary Land (Stote) Funeral Homodress SE, Wash D.C. 24 FUNERAL DIRECTOR Wilhelm 4308 Suitland Rd. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/38 1968 DATE AUG &



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1439 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME Middle 2a DATE KNOWN Month Day Yeor 2b MOUR (Type or Print) DEATH MATED 3 7-28-68 Horace 192:00am Conner IF UNDER 24 HRS 4 RACE 2c DATE PRONOUNCED DEAD 2d HOUR S. DATE OF BIRTH 68 193:35am M 9-4-1930 Male White 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED 9. COUNTY OF DEATH country) Tenn. Office along with farm WIDOWED [DIVORCED [Prince George's II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR q ve street oddress)
Prince George Hospital during most of working life even if retired) INTER ephone Cheverly 130 JSUAL RES DENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN 13d INSIDE CITY LIM 15? 13e STREET AND NUMBER death. in Item 18. George 83 Forest Knolls I NO 10006 Taylor Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Lost Clyde W. Conner Kate King pencil 160 WAS DECEASED EVER AN J.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Wife) **ADDRESS** be executed within (Yes, no or unknown) Evelyn M. Conner, Same as #13 409387290 APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH re certificate, writing the ward 'pending'' should be farwarded to the Chief Medical PART I DEATH WAS CAUSED BY. IMMEDIATE (AUSE (a) Gun shot wound of head event wi per DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave 1 rise to immediate cause (a). any certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ remaval, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20 AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? This YES NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF IN. JRY Month, Doy, Year should PRIMARY DC OR CONTRIBUTING Shot self at home CAUSE OF DEATH 21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)
Home 21d INJURY OCCURRED 21f. LOCATION Street at R.F.D. Na City of Town County State AT WORK AT WORK Same as #13 22a. I certify that I took charge of the remains described above, held an Autapsy ... Inspection 🗷 Inquiry [and in my apinian death resulted fram-Noting Tauses Accident Suicide X, Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-29-68 DEPUTY MEDICAL EXAMINER DC **EXAMINER'S** Riverdale, Md. ADDRESS(Street, city, town, or county) Jøhn Kehoe MD NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCAT ON (City or Town) 230 BURIAL, CREMATION (County) (Stote) 7-31-68 Fort Lincoln Cenetery PG County, Maryland 24 FUNERAL DIRROOR Wilhelm Funeral Home ADDRESS 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 4308 Suitland Rd. SE, Suitland, Maryland



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·X · 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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amp ave	m ssion) STATE MARYLAND 13b COUNTY INCE GEORGE SEABROOK YES NO 9520 Annapolis Rd.	
and c	FATHER'S NAME. First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost	
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sicia plea	50. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wat or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address	
phys	no 220-44-4654 Annie R. Cox Wife Same as above	
9 19 19	TB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	iTH:
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AN: al a icat icat far Hec	210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)	
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2 8 E E E	to Burial, Cremation, 23b Date 23c name of Cemetery or Crematory (State) Colman Manor (County) (State) REMOVAL (Specify) 7/9/68 Ft Lincoln	d
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2011 RE4 1700	F. Gasch's Sons Hyattsville, Md. DAIEIII - R 1968 Cuarles Judge	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost Middle 1 DECEASED-NAME 2a. DATE OF DEATH 2b HOUR (Type or print) July Cunningham William . B:25AM 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR 195 birthday) MONTHS TANI / O FUNERAL DIRECTOR: After this certificate has been signed by the attending physidianeous completely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. of Health prior to burial, cremation, or removal, and the State Dept. Male Caucasian executed within 24 hours 76 CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED 🦳 NEVER MARRIED 🔀 country) Prince George's 76.8,19, WIDOWED [DIVORCED [12a USUAL OCCUPATION (Kind of work dane Uting mast of working I fe, even it remed) 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR Prince George's Gen. Hosp. Cheverly 130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13b COUNTY Prince Geo. 4108 33rd St. Mt. Rainier 14. FATHER S NAME Middle 15. MOTHER'S MAIDEN NAME First THOMAS requires that the death certificate be. CUNOVINGHIM 17. INFORMANT Riches 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Massive cerebral hemorrhage, right hemisphere & BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Bilateral confluent bronchopneumonia. Conditions, if any, which gove) apulmonary & lobes, with infarction rt. lower lobe. rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. storing the underlying couse (c) Generalized arteriosclerosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO | Yes 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical exominer) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County Stote White Not white at work 19 68 , that (1) (we) last causes stated above (it (we) (did) (did) (did) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION REMOVAL (Specify) (County) 25b REGISTRAR S SIGNATURE VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. Middie DECEASED-NAME Erst Lost 2a DATE KNOWAS Month Day 2b HOUR Year (Type or Print) William OF 6.8 Warren Curry July 7 3 to DEATH MATED July 2,1968 IF JNOER 24 HRS 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d HOUR 3 SEX 4. RACE and M3. last birthday) PAYS M Year 68 :20 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED form country) Md. USA WIDOWED [DIVORCED [Prince Georges Give Pages 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR Office along with Riverdale during mast of working life, even if ret red.) Eugene Light Memorial with t 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13d INSIDE CITY , MITS? 13e, STREET AND NUMBER death Hyattsville 4520 Kennedy St. admission) STATE Md. 13b COUNTY Pr. Geo. YES NO Item 18 and 2 diter få dale IS. MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Middle Last Alice Irving Douglas Curry he certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's hours pages 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, og or unknown) Douglas L. Curry Father Same as above Elle APPROXIMATE INTERVAL within IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH permit PART I DEATH WAS CAUSED BY IMMIDIATE CAUSE (0) Pulmonary Ateolectosis Few minutes event DUE TO, OR AS A CONSEQUENCE OF burnal-transit Canditions, if only, which gave a SDTT rise to immediate cause (a). ony certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = gud PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) o removal, CERTIFICATION used 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES ICT NO [2 a EXTERNAL CAUSE WAS 21b, TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Part 2, Item 18) Ь PRIMARY OR CONTRIBUTING HOUR A.M. cremation. EXAMINER: CAUSE OF DEATH 21d NJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street at R F D No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE AT WORK 22a | certify that I tack charge of the remains described above, held an Autopsy | Aut Inspection A Inquiry X and in my apinian death resulted from: Notural causes [Accident Suicide Undetermined manner Hamicide 7-8-68 CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **FXAMINER'S** ADDRESS(Street, city town or county) 5318 Annapolis Rd. Dayton O. Watkins NAME (Type) 23d LOCATION (City of Town) (County) 23a BUR AL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 7/10/68 FT. LINCOLN COLMAR MANOR MARYLAND ADDRESS 24 FUNERAL DIRECTOR 25g, REC'D BY REG STRAR 2Sb REGISTRAR S SIGNATURE VR A15ME S. 10M REV 176 F. GASCH'S SONS



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equires that the death certificate be executed within 24 hours after death physician. Signed by the attending physician and completely filled in by the buriel transit permit. Then please remove carbon papers. Follows I and 2 burial, crematian, ar removal, and in any event, within 72 to octaver death		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 120 USU)	AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
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TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) Dr.	argaret J. Snow	9013 7Low	er Avenue, Silver	Spring, Ild.
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OR: OUR	Ш	causes stated above, (I) (www.) (did) (dishnet) view the bady after death.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20 DATE OF DEATH 2b. HOUTO (Type or print) 1968 Helen K. Downes July 4 RACE S. DATE OF BIRTH IF UNDER YEAR 3 SEX 6 AGE (In years lost birthdov) Female Caucasian 8/30/1899 YRS ve corbon papers. Pog event, within 72 hours 76. CIT-ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH filled in by 70 BIRTHPLACE (State or foreign 8 MARRIED XX NEVER MARRIED country) Md USA DIVORCED [WIDOWED | Prince George's ID CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Haspital during most of working life, even if retired) INDUSTRY Cheverly Housewife. own home 130, USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Maryland Prince George's YES & 6170 Princess Garden Pkwy Lanham remoy ond in only 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Walter Warren Brines Violetta Smith O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate 16b SOCIAL SECURITY NO. 17 INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) Richard Downes Lanham Md. burial, cremotion, or removol, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH (Conditions, if any, which gove) signed by the burrol-transit p rise to immediate couse (a), Page 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 2Do AUTOPSY? CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. ~PHYSICIAN'S NAME (Type) Prince George's Plaza, Hyattsville, Md. (County 2078 (State) 231 NAME OF CEMETERY OR GERAMIORY 23d LOCATION (City or Town) 230. BURIAL CREMATION 23b. DATE REMOVAL Specify) Pro Geo July 22, 1968 St Thomas Episcopal Croom Md. AD DRESS 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR REC.D. BY REGISTRAR VR A15 (4) 1968 Miland Hyattsville, Md. F. Gasch's Sons 30M REV 1/68



/ 1		TO A TABLE DEVIATION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	41
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Wis SEC		ATTENDING TO MED STAFF	7.1-12
Ped		22d PHYSICIANS 22e ADDRESS (()	111
RAIL Pe		NAME (Type) K.D. Bauer, M.D. 2513 Bucklodge KN- MANE	Jalan P. G. W. of.
TO HOSPITAL OR ATTENIENT Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	230		aunty) (State)
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		DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	MORE, MARYLAND 21201	
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		DOUGLAS Middle DE	DYEK	JUL Month Day	28 Year 684:00 M
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	, WAS DECEASED EVER IN U.S. AF (es, no, or unknown) (If yes give	war or dates of service)	TERRY G DYER	7435 KEYSTONE	LN #102
	10 CAUSE OF DEATH (Enter o	na inly one cause per line for (a), (b), and (. TOO RETURNE	APPROXIMATE INTERVAL
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	saw the deceased	alive an 28 Juli re, (IX(we) (db) (dig nat) view th	19_ 6.8 and that in (R y) (aur) apin	ian death accurred on the da	te and havr and from the
	22b. Signature	re, (1) ((we) (disy) (did not) view til	e bady after death.	22, [NATE SIGNES
	1a	ul Meuze	DEGREE PHYS. DIS	D. STAFF RECTOR PHYS.	28 Mil
	22d. PHYSICIAN'S NAME (Type)	IL H. KENZER	M D 22e. ADDRESS	F HOSP A	Overs.
23g	PHOTAL, CREMAT ON, PRINCIPAL (Specify)	DANE 9/68 23c. NAME 4	STATE PREMAPRIATION	230 LOCATION (Lity or Jown)	(Caunty) (State)
24.	FUNERAL DIRECTORY	Tuhilly ADDRE	250. REC'D BY	REGISTRAR 25b REGISTRAR S	SIGNATURE



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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CIAN: uital ar hificate i for u	MEDICAL CES	216 TIME OF INJURY Contributing Cause of Death HOUR A.M. Month Doy Year
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permit shauld be filed with the State Dept, of Health priar to burial, cremation, ar re	ME	21d. IN. JRY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while
DING Aby II After I be d	١,	22a. I certify that (Ip(this haspital) attended the deceased from 27 Jul 1968, to 28 Jul 1968, that (1) (we) last
TEND ined DR: A suld the		22a. I certify that (I) (this haspital) attended the deceased from 27 Jul 1968, to 28 Jul 1968, that (I) (we) last saw the deceased alive an 28 Jul 1968, and that in (m) (our) opinion death occurred on the date and hour and from the couses stated above, (N, (V) (3)) (did nat) view the body after death.
OR AT OR AT OR reta IRECTO		22b. SIGNATURE COUL STORY MED DEGREE PHYS DEGREE PHYS DIRECTOR DIR
PITAL I may ERAL C		22d PHYSICIAN'S NAME (Type) PAUL H. OFENZER MD 22e. ADDRESS USAF HOSP. KORSLEWS
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VR A15 [4] 30M REV, 1/68	X 24	FUNERAL PHACETOR LOW F. LEW FLECH ADDRESS 250 REC D BY REGISTRAR 250 REG STRAR'S SIGNATURE DANUG I 1968 Clienter Junese
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	30
HEALTH DEPT.		ECEASED NAME John Taskan Middle Lasi 2a DATE KNOWN Manth D	lay Year 2b Hour
~ 5 dd ∧ ₽)		Jonathon Reid Fauntleroy DEATH MATED TO	9 1968 am
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		M W 21 Jan 1953 15 YRS DAYS HOURS MIN Month 7 Day 9	Year 48 Same
and bank	7a.	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	€Qur	Talifornia USA WIDOWED DIVORCED Prince Georg	e Md
		TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12	b KIND OF BUSINESS OR
de Are P		Forestville give street address) Air Force Hosp. during most of working ite, even if retired) IN	School School
fter Giv ang ith		US_AL RESIDENCE (Where deceased lived Institution Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e, STREET AND NIMBER	
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hin 24 hours after death noti in them 18. Give Pagniner's Office along with pages 1 and 2 with the Stathours after death.	lóa ()	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (9b) no, or unknown) (It yes give wor or dates of service)	
		ges no, or unknown) (It yes give war or dates of service) 219-56-2700 Nother Same as about the service of service of service))ve
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Ty DICAL EXAMINER: This certificate should be executed within 24 hours after deally, please execute the certificate, writing the ward "pending" in pencil in them 18. Give Pageral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with the standard for your files the Director. Page 3 should be used as a burial-transit permit. File pages I and 2 with the Standard to burial, cremation, or remayal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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director of the part of the pa		ACTUAL CHIEF MEDICAL EXAMINER	
YY. Perol De r SAL Prince		SIGNATURE MD ASSISTANT MEDICAL EXAMINER (20). DATE SIGN	
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O DEPI necesso the fun 5 may O FUNE Health	23a	BURIAL CREMATION. 1 27b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (C	(ounty) (State)
⊢ ⊢	R	REMOVAL (Specify)	
0		FUNERAL DIRECTOR 3 / ADDRESS T25a REC'D BY REGISTRAR 25b REG STRAR 5 GG	
VR A15ME ST		John Burns Sons, Towson, Maryland DATUL 1 5 1968 Clionle	Judge.
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	1	. MARYLAND STATE DEPARTMENT OF HEALTH	
1/~1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7 (NA)		CERTIFICATE OF DEATH	51
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endi s be as ti	CERTIFICATION	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUGOPSY? 200 IF YES, WERE F-NDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
The at the the the the the the the the the th	ME	AF2 NO [
AN: al ar cate ar u		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOUR A.M. Month Day Year	m 18)
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D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filledirector, page 3 should be detached for use as the burial-transit permit. Then please remark carbait postulable be detached for use as the burial-transit permit. Then please remark carbait postulable be detached for use as the burial-transit permit. Then please remark within should be filled with the State Dept. of Health prior to burial, crematian, ar remarkal, and in any event, within	*	21d. INJURY OCCURRED 21e. PLACE OF IN, JRY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town at work	County State
ING by the ter d		22a. I certify that (I) (this hospital) attended the deceased from JULY 8 , 1968 , ta JULY 2 , 1968 as with deceased alive an JULY 9 , 1967, and that in (my) (our) apinion death occurred on the date	t, that (I) (we) last
ed be		saw the deceased alive an TOLY 9 196Y, and that in (my) (our) apinian death occurred an the date causes stated abave, (I) (we) (did) (did-not) view the bady after death.	and have and from the
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FU)	230	BLRIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
5 5 2 8	7.6	REMOVAL (Specify) 7/14/1968 SOAP STONE CHURCH CEMETERY GREENVILLE FUNKAL DIRECTOR WILLIAM Spangler ADDRESS WASH D.C. 250 RECORD BY REGISTRAR 25b, RECISTRARS 510	S.Car
VR A15 (4) 30M REV 1/68	1	11. 111. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jugai
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1	1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I	tem5.6.8Film3403 8 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	752
HEALTH DEPT.	1 0	DECEASED NAME First Middle OST ZO DATE KNOWN COMMON Month I	Doy Yeor 2b HOUR
N 2000 5	1	Type or Print) Adeline Bonn Fickus OF EST: 7-20	-68 196:00pm
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th n 24 haurs after death in tem 18. Give Pages 1, triner's Office alang with farm pages land 2 with the State-Degree 1 hours after death.	q	maryland Prince George's Lanham YES NO 9324 Alcona St.	reet
haurs Item 18 Office of Tand 2 v		ATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle	Last
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with n 24 pencil in cominer's cominer's le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 392DRSS Cona.	Street
P C	L.	No yes Mrs. Adellade Jones Lanhan, Ma	
ing and within		18 CAUSE OF DEATH (Enter an y ane cause per line far (a), (b), and (c)) PART DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
wed with the state of the state		immcDiate (ause (a) Malignant glioma, right temporal	over 6 mo.
e e) pen ef N sit l		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
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wri used used	STIC	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AJTOPSY?
KAMINER: This certificate the certificate, writing to 4 should be farwarded your files. age 3 shauld be used as crematian, ar remaval, a	MEDICAL CERTIFICATION	21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO 3c
	3	PRIMARY OR CONTRIBUTING HOUR A.M	1 6)
INER: should files. 3 shau	MED	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
AAM e th e 4 our oge crem		WHILE NOT WHILE of foctory, office building, etc.)	
necessary, please execute the certificate funeral director. S may be retained for your files. To Funeral DIRECTOR: Page 3 should Health prior to burial, cremation,		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection . Inquiry .	ond in my opinion
tar tar		deoth resulted from: Notyra couses X/ Acciden [, Suicide], Homicide [, Undetermined monner [
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2g DATE OF DEATH DECEASED-NAME CATHERINE 2b. HOUR death. requires that the death certificate be executed within 24 hours after death Manth (Type or print) K/athe/dine Fischer E. 1968 Tulv :55 AN 3. SEX 4. RACE S. DATE OF BIRTH IF LINOER 1 YEAR 6 AGE (In years ost birthday) MONTHS DAYS HOURS 12/9/8/2/ 1881 Caucasian Female. 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED country) DC USA WIDOWED IX DIVORCED [Prince George's 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR ling physician and completely fills
Then please remave carban premaval, and in any event, within give street oddress) during was shot was lang life, even if retired) INDUSTRY Prince Geo. Gen. Hosp. Cheverly 13a USUAL RES DENCE (Where deceased lived, if institution. Residence before: 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY JIM-TS? admission) STATE 13b. COUNTY Prince Geo. Seat Pleasant VE 600 Addison Road 14. FATHER S NAME First Last IS MOTHER'S MAIDEN NAME First Middia Oliver J. Preston Margaret Shugroe 16b SOCIAL SECURITY NO. 17. INFORMANT (Son) 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no grunknawn) 579017404 Oliver Fischer, 6807 Randolph St. Landover, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND GEAT PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) artendi burial, cremation, or DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a), signed by burial-tran DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COMBITION GIVEN IN PART Hai priar ta b has been os the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? CAUSES OF DEATH? NO SES YES [TO FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use should be filed with the State Dept. of Health 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (I) that the property of the deceased from 1/13/68 19 to July 22 19.68, that (I) the last saw the deceased alive an July 21 19.68, and that in (my) \$300 apinion death occurred on the date and hour and from the ta July 22 19 68 , that (1) (Ne) last couses stated above, (I) (we) (did not) view the body ofter death 22b SHGNAFURE 22c DATE SIGNED ATTENDING STAFF PHYS 7/24/6 8 DEGREE DIRECTOR PHYSICIAN S 22e._ADDRESS 23o. BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Washington, D.C. BENOVALES Lecify 7-25-68 Glennwood Cemetery RECID BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10454 I. DECEASED-NAME 2g DATE OF DEATH executed within 24 hours after death (Type or print) A RACE 3 SEX IF LINDER I YEAR 6. AGE (In years lost bighday) white Sept 18, 1915 Male 7a BIRTHPLACE (State or foreign 7b. CIT.ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) US A Prince George's WIDOWED | DIVORCED [in any event, within 72 remave corbon paper completely fifled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) 6302-93th ave INDUSTRY Self Lanham, Md 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Nd 13b COUNTY Pro Georges Lanham YES NO 6302 93th avenue 14 FATHER'S NAME . First IS. MOTHER'S MAIDEN NAME First Last Middle Rose R Simpson Francis Levi Fleshman requires that the deoth certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawa) [If yes give war or dates of service] I Fleshman Lanham, Md. 217 01 6009 Mabel buriol, cremation, or removo APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line fac-(a), (b), and (c).) PART & DEATH WAS CAUSED BY. signed by the attendi burial-tronsit permit. Jaruno DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 1021 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO TX 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County State While Mat while at work 22b SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) James Kurtz 23d. LOCATION (City or Tawn) 23a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) July 30, 1968 Md. Ft Lincoln Cemetery Colmar Panor Pro Geo 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2So REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. 30M REV 1/68 DATE ALLG





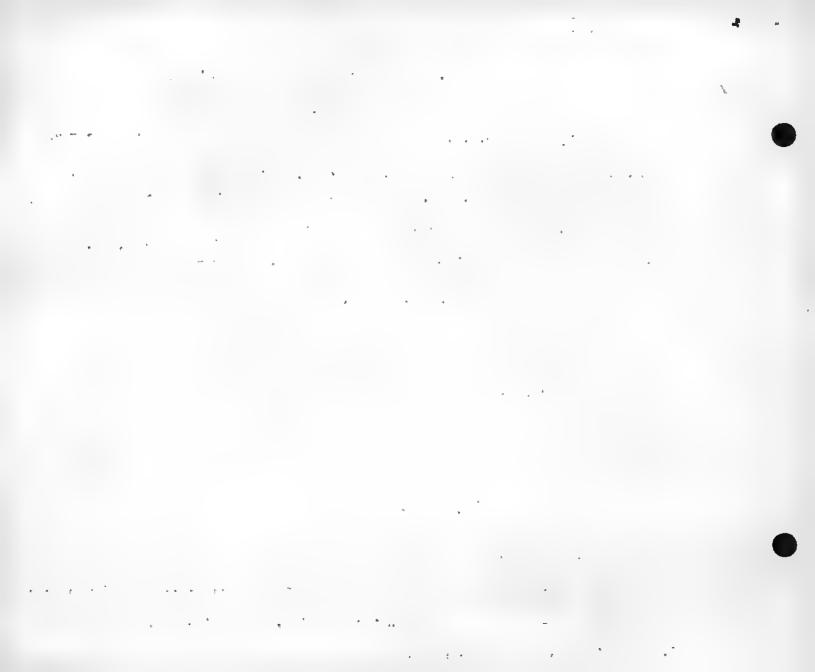
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME 2n DATE OF DEATH Eirst M ddfe Last 2b HOUR signed by (the extending physicion and campletely filled in by the Paneral burial-trankit permit. Then please remave carban papers. Pages 1904 2 burial, cremation, or remaval, and in any event, within 72 hours after death (Type or print) Month Rose Forkish 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS 6. AGE (In years last birthday) MONTHS HOURS Female White 12/8/05 the death certificate be executed within 24 hours 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED 1 NEVER MARRIED country W York USA physician and campletely filled in DIVORCED WIDOWED [Prince George's 10 CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR g ve street oddress) George's during most of warking life, even if ret red)

Housewife INDUSTRY Chever1v Gen. Hosp. own home 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LUMITS? admission) STATE Maryland 13b. COUNTY rince Geo. YES DE NO [12400 Rvland Ct Bowie 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First M ddle First Middle Last Ida Gross Kalman Ferster 16g WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or sinknown) | (If yes give war or defes of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown) Max Flrkish Bowie. Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) signed by (these burial-transit p Conditions, if any, which gave) rise to immediate cause (a), requires that Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CÓNSEQUENCE O stating the underlying couse signed ! last, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL as the prior tak has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES [director, page 3 should be detached far use shauld be filed with the State Dept. af Health | O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at wark of wark 22a. I certify that (I) (this haspital) attended the deceased from \$10 - 200 saw the deceased alive an 200 saw the deceased alive an 200 saw the bady after death. 196 I, and that in my (aur) apinion death accurred on the date and hour and from the 22b SIGNATURE 22c. DATE SIGNED ATTENDING 7/22/68 DEGREE PHYS. DIRECTOR 22d. "PHYSICIAN'S 22e. ADDRESS NAME (Type) Hyattsville, Md. Robert Deitz, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (County) (State) REMOYAL (Specify) Colmar Manor Pro Geo Md. 1968 .Ft Lincoln Cemetery 24. FUNERAL DIRECTOR Hyattsville, Md. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE Gasch's Sons 30M REV



					DEPARIMENT OF			_	
		10142	DIVISION OF VITAL REC				AND 21201	. 5	
		* 0 3 34 A			ATE OF DEATH				-
		CEASED-NAME First proof (CEASED-NAME First proof)			Last	20. DATE OF DEA	.TH Manth Da	Year ye	2b HOUR
	Ĺ.	G	ladys		ler	July	31,	1968	5:32 AM
	3 58		4. RACE		S DATE OF BIRTH	6	AGE (In years ost birthday)	MONTHS DAYS	HOURS MIN
	_	Female	Caucasian		11/10/98	1 (9 YRS		
	7o l	SIRTHPLACE (State or fareign	76 CIT ZEN OF WHAT COUNTRY?	8. MARRIED [WIDOWED]	NEVER MARRIED DIVORCED	9 COUNTY OF DEA	George'	S	Md.
	10. 0	Cheverly	11 NAME OF HOSPIT/ give street address)	eo.Gen 1	at in haspital 12a USI	UAL OCCUPATION (Kir most of working I fe,		12b KIND OF INDUSTRY	BUSINESS OR
d fi-	130	USUAL RESIDENCE (Where dece	ased lived, if institution. Residence	before 13c CITY OR	TOWN 13d INSIDE CTY	LIMITS? 13e STREET	AND NUMBER	NOME	MAKEK
	adm	ssion) ~ STATE Maryl and	Prince George		YES 1	NO □ 6001	Woodlan	d Rd.	
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	76a Y	WAS DECEASED EVER IN U.S. Ales, na, grunknawn) (If yes gw	and the state of t	CURITY NO 7 11	VMOND POST	TR. 20W. A	NOAKAS	T. DULUT	W. MINN
		18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b),	and (c))				APPROX.A	MATE INTERVAL NSET AND DEATH
		PART I. DEATH WAS CAUS	ED RY	bush to	hrembes	25		occurry of	NACT AND DESIGN
		14/: ;	DUE TO, OR AS A CONSEQUE						
		Canditions, if any, which gavi	1 m Prieu	momia)				
		rise to immediate cause (a) stating the underlying cause	DUE TO OR AS A SOLVESOUR						
		last		insclesor	the cardle	ornscula	r dis	ease.	
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIVEN IN	PART I(a)		
	×	7 + 1,							
	1 E	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	CAUCES OF		CONSIDERED IN CE	RTIFYING
	CERTIFICATION				YES NO	CAUSES OF			
	9	21a. ACCIDENT WAS UNDERLY OR CONTRIBLING CAUSE OF DE			OW INJURY OCCURRED (Ent	ter nature of injury in	Part 1 of Part 2,	Item 18 }	
	MEDICAL	(If either, natify medical example of the control o	niner) P M	19					
	W	While Nat while			CATION Street or R F.D. N			County	State
		22a. I certify that (his haspital) attended the a alive an <u>July 31</u> ve, (1) (we) (did) (cidnot) vie	leceased from	July 30, , 191	68_, to_ <u>Tu1</u>	31, 19	68, that	(we) last
		saw the deceased	alive on July 31	168_, and	l that in (ምህ) (our) op leath	pinian death occu	rred on the d	ote ond hour	ond from the
		22b SIGNATURE	ne, (M. (me) (mm) 36163636) Ale	w me budy uner d	leum.		22,	DATE SIGNED	
		1//8	46 0	>11 DEGR	EE PHYS.	MED ST	AFF XX	AVIT SIGHTA	
		22d. PHYSICIAN'S	AT U X DX	3,111,08	22e. ADDRESS	DIRECTOR - FI	13. 4WHL		
		NAME (Type)			Prince Ge	orge's Ger	eral Ho	snital (heverly
	23a	BURIAL, CREMATION. 236	DATE / 23c No	ME OF CEMETERY OR		23d LOCATION (iaryland
		PEMOYAL (Spec fy)	13/68 W	HITFIEL	-DCHAPFIGE	MLANHAM	. 17	GEO.	MD.
	24,	FUNERAL DIRECTOR	0 -	DDRESS	25a REC'D		25b. REG SIRAR		
	In	.W. CHAMRE	RS 60, 380/ CLF	ELANDRI	VERDALE DATE AL	JG 6 196	& Jake	my corner	de





J- 1	I t	em 22a film 403 MARYLAND STATE DEPARTMENT OF HEALTH 3-5-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. = 0
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* "4
HEALTH-DEPT.	1	1. DECEASED NAME Fish Middle Lost 2a, DATE KNOWN TO Month Day	Year 25 HOUR
- 6 x 6 2	П	(Type or Print) Timothy Joseph Frye Jr. OF ESTI- DEATH MATED T 7-21-6	
at AVE	3	3 SEX 4 RACE S DATE OF BIRTH TO AGE (In yours FUNDER 1 YEAR FUNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
S S S S S S S S S S S S S S S S S S S	1	AND SOURCE DAY SOURCE LAND THE	8 197:00pm M
22.9		70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	D 11/1/Opin w
e De		(Querty) Washington D C USA W DOWED □ DIVORCED ☑ Prince George's	Md
after death 8. Give Pages along with fa with the State leath.		0 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUT ON (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b I	KIND OF BUSINESS OR
after death 8. Give Page along with the Stat death.	,	Cheverly Prince George Hospital Machinist Ne	stry ewspaper
after 3. Giving along with the		13a USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d white CITY LANTS? 13e STREET AND NUMBER	морарет
haurs after death them 18. Give Pages 1, Office along with farm fand 2 with the State De after death.		Taryland Hrince Georgels Hyattsville YES Q NO 5407 38th. Avenu	e
haurs Item 18 Office Office after d	14	4 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h in Ite r's Or r's Or r's Of	П	Timothy Joseph Frye Sr Dorothy C Mc Gill	
	10	60. WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within 24 pencil in kaminer's kaminer's le pages 72 haurs		(Yes, nd or unknown) (Hyes give wor or dor'es of service) 577 28 9296 Timothy J Frye sr Hyattsvill	e. Md.
		10 CAUSE OF DEATH (Cale and Cale and Cale and Cale)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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X 72 W	П	JULY X DUE TO, OR AS A CONSEQUENCE OF	
pe exemple in period in pe		Canditians, if any, which gave	
	н	rise to immediate cause (a). (DUE TO, OR AS A CONSEQUENCE OF	
		lost.	
• ÷ + p		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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is certificate, writing farward as e used as remaval	100	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
s 9 4 5		190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS 210 EXTERNAL CAUSE WAS	YES 🔲 NO 🔼
= = =	15	21a EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING THOUR AM 21a EXTERNAL CAUSE WAS PRIMARY TO OR CONTRIBUTING THOUR AM)
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All she as a state of the state	1	21d INJURY OCCURRED 21e PLACE OF INJURY (At home form, street, - 21f 10CATION Street or R.F.D. No- City or Town - Cou	unty State
KAM te th ye 4 yaur yaur age crem		WHILE NOT WHILE B CO Railroad Tracks, Emerson Street, Hyattsville, Prince	George Co,
DEPUTY DICAL EXAMINER: ressary, please execute the cert e funeral director. Page 4 shault may be retained for your files FUNERAL DIRECTOR: Page 3 shausoith prior to burial, cremation.	1		and in my apinian
ICAL E executor. Pa ed for CTOR:	Т	death resulted from Natura/courses /, Accident 3d, Suicide /, Hamicide / Undetermined manner	
please ey al director, retained to bur		CHIEF MEDICAL EXAMINER	
Ty y, ple rral di se retr AL DI prior		ACTUAL SIGNATURE	:D
essary, person, person			2-68
	L	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 5 ± ~ 5 ± ~	1	230 BUR AL, CREMATON, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Country of Country of Coun	1 /
	L	Burial July 25, 1968 Ft Lincoln Cemetery Colmar anor Pro G	
The same of the sa	1	24 FUNERAL DIRECTOR \ ADDRESS \ 250 REC D BY REG STRAR . 25b REGISTRAR S SIGNA	
VR A15ME (1)		F. Gasch's Sons Hyattaville, Md. DANJUL 26 1968 Charles	Judge



					D STATE DEPARTME				
1		さのお花性	DIVISION O		301 W. PRESTON STR	•	RE, MARYLAND 2120	1	
		7.200	1		CERTIFICATE OF I	DEATH			
ond 2 deoth.		CEASED-NAME First (pe or print)		Middle	Lost	-	DATE OF DEATH		b. HOUR
deoth		Bern		J.	Fuller				:50 _{aM}
13	3. SE		4. RACE		S. DATE OF BIR	RTH	6. AGE (In years last birthday)	MONTHS DAYS HOU	IDER 24 HRS
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	7o B	IRTHPLACE (Stote or foreign	75 CIT ZEN OF V	VHAT COUNTRY?	8. MARRIED 🖄 NEVER MARR	KIED .	UNTY OF DEATH		
		Germany	B.S.A.		<u> </u>		rince George		Md,
1 4	1	TY OR TOWN OF DEATH	givi	e street oddress)	STITUTION (If not in hospital	during most of	UPATION (Kind of work di working life, even if retire		IESS OR
13		Riverdale	Et	igene Lelar	d Memorial Ho	osp.			
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4	14 1	ATHER'S NAME First Johann	Middle 1 T	Fu1			Wildu	Jansen	
	160	WAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY		11	Addre		
	Y	BS, no, or unknown) (If yes give w	or or dates of service)	\$79-10-900		Mem. Hos	p. 4408 Que		
	F-	ID FAUGE OF DEATH (F-1			7	1100	7100 400	APPROXIMATE II	HTERVAL
	1	18 CAUSE OF DEATH (Enter on PART 1, DEATH WAS CAUSED	BY:	West	to MA OU	mhaal		BETWEEN DINIET A	HD DEATH
	Н	1510 IMMEDIA	TE CAUSE (o)	AS A CONSEQUENCE OF				1-00	
	Н	Conditions, if ony, which gave)	DUE TO, OK	AS A CONSEQUENCE OF	I TOYA	1 9AST	RECTORY		
		rise to immediate cause (o), (stating the underlying cause)	DUE TO, OR	AS A CONSEQUENCE OF		- (1)	,	2	
	П	lost.	(c)	CARC	140 MA OF	STON	1Actt		
		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIB	SUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR CONDIT	ON GIVEN IN PART 1(a)		
	×	15/X WIEU	we.	4 man	nd wheet	ion			
	CERTIFICATION	-7 2 / A	- 4	HICH OPERATION WAS PI	1 .		20b. IF YES, WERE FINDING CAUSES OF DEATH?	NGS CONSIDERED IN CERTIFY	ING
	RTHE	1-2-60		ASTRICTO		NO X			
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			21 c HOW INJURY OCC	URRED (Enter hote	re of injury in Port 1 or Po	nt 2, Item 18.)	
	MEDICAL	(If either, notify medical examin	ner) P.M	. 1	9			f	State
	\		PLACE OF INJURI	OFFICE BUILDING, ETC	CTORY.) 21f LOCATION Street	T OF K.P.D. NO.	City or Town	County	31016
		OT WORK OT WORK	is hasnitall at	tanded the decor	ad from 6 26	. 19 68	in 7-15	, 19 60 , that (1)	(wa) fact
		22a. I certify that (I) (the saw the deceased a			19 68, and that in (my	y) (our) opinian	death occurred an th	e date and haur ond	from the
		causes stated abave	e, (i) -(we) (did) (did not) view the	bady after death.				
		22b. SIGNATURE	1., 1.	. 0 01	ATTENDIN	IG MED	C STAFF	22c DATE SIGNED	n
		97/10	un	MAAV	- DEGREE PHYS	DIRECTO	DR L PHYS. L	7-16-69	5
i i		22d. PHYSICIAN S NAME (Type)	White	INSON	MATO 22e. ADDI	werdat	e mit		
	02-	Λ. 1 ·			CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (S	tote)
	230		y 19, 1	968 Ga te	of Heaven Cen				d.
1 th	24	FUNERAL DIRECTOR	•	ADDRES		250 REC'D BY REC	SISTRAR 286 REGIST	RAR'S SIGNATURE	-
(8) (A)		F. Gasc	h's Sons	B Hyattsvi	llle, Md.	WL 19	1968 Pelis	Mar Judas	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME Middle 20 DATE KNOWN THE Month 2b HOUR (Type or Print) OF ESTIDEATH MATED ay is 3 to Poge Galloway 7-26-68 192:30pmM 40 Anita Dolores 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF LNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR lost birthday) DAYS +4Ours 68 192:30pm M 5-28-1968 Female White 28 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Maryland pending" in pencil in Item 18. Give Poges I, et Medical Examiner's Office along with form **HSA** WIDOWED F DIVORCED [7] Prince George's in Hem 18. Give Poges 11 NAME OF HOSPITA, OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCLPATION (Kind of work done 12b KIND OF BUSINESS OR Glinton Medical Center during most of werking if e even if ret red.) INDUSTRY Clinton 130 INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before) 13c City OR TOWN Prince George's Clinton YES NO 78k5 Surrats Road This certificate should be executed within 24 hours ofter 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Jake W. Galloway Sr. Rose Briggs hours (Father) 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, nonerwoknown) (If yes give war or dates of service) Jake W. Galloway Sr, Same as #13 NONE APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1 DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Acute peritonitis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ne certificate, writing the should be forwarded to PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) removal, CERTIFICATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? 19a. DATE OF OPERATION WAS PERFORMED? YES TO NO 5 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of plury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING MEDICAL HOUR A.M CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R F D Na. City or Town County State factory, office building, etc.) 220. I certify that I took charge of the remains described above, held an Autopsy [x], Inspection x. Inquiry , ond in my opinion Accident Suicide Homicide Undetermined monner deoth resulted from Natural causes DE CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** 7-27-68 DEPUTY MEDICAL EXAMINER 5 moy 1 **EXAMINER'S** John Kehoe MD Riverdale, Md. ADDRESS(Street, city town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMAT ON 23b DATE 23d LOCATION (City or Town) (County) (State) 7-30-68 Fort Lincoln Cemetery PG County, Maryland 24. FUNERA, DIRECTOR Wilhelm Funeral Home ADDRESS 250 REC D BY REG STRAR 25b REG STRAR S SIGNATURE Charle VR A15ME |51 4308 Suitland Rd. SE, Suitland, Maryland 1968 DATIALIG 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

3 I

7 I		20453		DS, 301 W. PRESTON STREET, BALL LICERTIFICATE OF DEATI		. 52
# -2#		CEASED-NAME First ype or print)	Middle	Lost	2g. DATE OF DEATH	2b. HOUR
deat neral and deat	. ,	Ype or print)	phers	Garrison	July Manth 29, Doy	1968° 1:30PM
s fc.	€ SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
irs after death. The funeral Pages 1. and 2	1	emale	Negro	5/9/94 190		MORENTS TOOKS MIN
	7a 8	BIRTHPLACE (Stole or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
(5) (5) (5)		Tennessee	USA	W:DOWEDXX DIVORCED	Prince Geoge's	Md
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician. COR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1. and 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1. and 3 ith the State Dept. at Health propted burial, cremation, or removal, and in any event, with a 72 hours after death		ITY OR TOWN OF DEATH Cheverly	give street oddress) Prince Geo	Gen'l Hospital	JSUAL OCCUPATION (Kind of work dane g most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
campletely ave carbar y event, w	130	USUAL RES DENCE (Where decease	sed lived, if institution. Residence be	fore 13c CITY OR TOWN 13d INSIDE C		
remave remave	1	ssion) STATE [aryland	Prince George's	Cedar Hgts.	NO 6230 Lee Plac	ce
Jin day	14 F	ATHER S NAME First	Middle Lo	IS MOTHER'S MAIDEN NAM	AE First M-ddie	Last
n please val, and ii	160 Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (11 yes give v	MED_FORCES? var or dates of service)	RITY NO. 17 INFORMANT	Address	APPROXIMATE INTERVA.
be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician and camplete is shauld be detached far use as the burial-transit permit. Then please remave carbed with the State Dept. at Health pricetaburial, crematian, or remaval, and in any event,	NO	PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to Immed ofe cause (o), stoting the underlying cause last PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) NDITIONS CONTRIBUTING TO DEATH B	E OF STATUS FOUT NOT RELATED TO THE TERMINAL DISEASE		BETWEEN ONSET AND DEATH
e has been us as the price to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION W	YES NO	20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	
fetached for u	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M. Manth Day ner) P.M.	Year 19	Enter noture of injury in Port 1 or Port 2,	
detach te Dept		While Not while	PLACE OF INJURY (AT HOME FARM, STRE OFFICE BUILDING, ETC		· ·	County State
J FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for ushould be filed with the State Dept. of Heal		saw the deceased of causes stoted above	is haspital) affended the dec live an	eased from July 20 , i 1968 , and that in (1964) (our) the body after death.	opinion death occurred on the do	te and hour and from the
TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22b SIGNATURE	P. Lingin	DEGREE PHYS.	MED STAFF KK	DATE SIGNED
Page 4 may To FUNERAL I director, pag should be fil			rdo Longoria, M.		orge's General Hos	
Page To FUN direct shou	L	BURIAL, CREMATION, 23b. REMOVAL (Specify)	5-11-68 Cro	e OF CEMETERY OR CREMATORY A Carriella Taxas		(County) Makin and
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR	can Burner	#19-15-45 S.E. DATE AL	UG 6 196825 CF 12CA	r 1-0002, 357



MAKTLAND STATE DEPAKTMENT OF HEALTH



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10464 CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE OF DEATH 2b HOUR 5:30 First Middle Last attending physicion and completely filled in by the funeral "permit. Then please remove carbon popers. Pages 1 and 2 on. or removal, orld in any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after death. (Type or print) Month 1968 John W. Glascoe July 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNDER 24 HRS MONTHS I DAYS HOURS Male White October 11, 1890 7o, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) D.C. U.S.A. WIDOWED [7] DIVORCED [Prince Georges 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Glenn Dale Hospital during most of working ife, even if refired } INDUSTRY. Glenn Dale (rural) Unknown 113c. CITY OR TOWN 13g USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY YES NO T Washington 2840 Bladensburg Road, N.E. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Lost 300+4 Makement John Glascon Sr Jartha TIME WATER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (1 ves give war or dates at service) burial, cremation, ar removal, 579-07-6865 (Decedent) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism sudden DUF TO OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditians, if any, which gave t rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF ottending physician. stating the under ying cause) l yr. 1 mo. (c) Pulmonary tuberculosis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE OR COND T ON GIVEN IN PART 1(a) as the Generalized arteriosclerosis hos been 9g. DATE OF OPERATION 19b. COND T ON FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? this certificate has detached for use a ite Dept. of Health pi Yes YES K NO [21a ACCIDENT WAS JNDERLYING 21b TIME OF IN. JRY 2 c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) be retained by the hospital OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 210 PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f OCATION Street or R.E.D. No. City or Tawn County Stote While Not while at wark 22a. I certify that (t) (this haspital) attended the deceased from 6/14/ , 19 67 to 7/2/ , 19 68 , that (t) (we) lost sow the deceased alive on 7/2/ 19 68, and that in (35) (our) opinion death accurred an the date and hour and from the Page 4 may be renew.

TO FUNERAL DIRECTOR: After director, page 3 should be director, page 3 should be a filed with the St couses stated above. (1) (we) (did) (did) (view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR July 2, 1968 DEGREE 22d PHYS CIAN S 22e ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland 234 NAME OF CEMETERY OF CREMATORY 230 BURIAL KREMATION. 23b DATE 23d LOCATION (City or Town) (County) (State) 30M REV 1/68



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FOR STATE		* 07.56	MEDICAL EXA						3 ()
HEALTH DEPT.		CEASED-NAME First		Middle	Last		20 DATE KNOWN	Month Day	y Year 25 HOUR
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n pencil in Examiner's File pages		WAS DECEASED EVER IN U.S. ARMED F es, na, ar unknawn) [(() yes give v	er or dates of service)	SECURITY NO	17. INFORMANT	7.1			
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ould be executed will word "pending" in per the Clinef Medical Exartiol-transit permit. File any event within 72		18. CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED						-	BETWEEN ONSET AND DEATH
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	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	6:37 Paris 7-	30-19 68	-				
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XAMINER: te the certil ge 4 slloul your files. oge 3 shoul cremotion,		AT WORK AT WORK TO HO	rary, affice building, etc.)		Same as	# 13			
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in the same	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	11	CERTIFICATE OF DEATH	
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	unerd i ond ir deoti	(Type or print) Betty A. Goetz July Month 6 Doy 68 Year 0345	M
	after fur des i	3. SEX Female 4. RACE Caucasian S DATE OF BIRTH. 21 Oct 27 6. AGE (In years lost bight day) MONTHS DAYS HOURS WONTHS DAYS HOURS	HRS.
	FS. Pg	70. RIPTHPLACE (State or foreign 7h CHIZEN OF WHAT COUNTRY? 8 WARTS & COUNTRY OF DEATH	
	Pers.	country Wash., D.C. USA WIDOWED DIVORCED Prince George's County	Md.
	PHYSICIAN: The law requires that the death certificate be executed within 2 is hospital or attending physician. The hospital or attending physician ond completely filles his certificate has been signed by the attending physician and completely fillestanded for use as the burial-transit permit. Then please remove carbon paper, of Health prior to burial, cremation, or removal, and in any event, within the prior to burial.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during report of working life, even if retired) 12a USUAL OCCUPATION (Kind of work done during report of working life, even if retired) 11b KIND OF BUSINESS (INDUSTRY)	IR
	od w	13a USUAL RESIDENCE (Where deceased lived, 'f institution' Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
	comp ove / eve	admission) STATE Md. 13b FUTTICE George Oxon Hill YES NO 1 7309 Oxon Hill Rd.	
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	icate sicio plea	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT 18. INFO	
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	tem =	18 CAUSE OF DEATH (Enter an y one cause per line far (a), (b), and (c)) PART . DEATH WAS CAUSED BY	ITIS
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_	R: A	saw the deceased alive an	n me
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	IAL Doy 1	22d PHYSICIANS NAME (Type) 22e ADDRES Malcolm Grow USAF Hospital	
	Poge 4 may O FUNERAL director, pag	Frank A. Camp M.D. Andrews AFB, Wash. D.C. 20327	
	S S E D B	1230 BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)	
	2 2 2	Burris 7/8/68 Cedar Hill Suitland, Md	
	VR A15 (4) 30M REV. 1/68	24 FUNERAL DIRECTOR Lee Funeral Home Washington, D. C. ADDRESS 250. RECU BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25d. RECU BY RECU BY RECU BY REGISTRAR'S SIGNATURE 25d. RECU BY RECU	
		Washington, D. C. Pagi 10 100	5

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20 DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-3 ta Page Alex DEATH MATED TO Robert Grieashamer 19 7 (: 00 alt delay 3 SEX 4 RACE S DATE OF BIRTH AGE (In years IF UNDER 24 HRS 2r DATE PRONOUNCED DEAD 2d HOUR and 68 191:05am M Male White 7-21-1891 70 BIRTHP_ACE (State or foreign 76 CT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED (quoley) Illinois Office alang with farm USA. WIDOWED To DIVORCED Prince George's in Item 18. Give Pages the State 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR Und STRY Government give street oddress) during most of working life, even if retired) Prince George Hospital Cheverly 3d JNSIDE EITY EMITS? 13a USJA, RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Mary land Prince George's 3006 Fendix Lane Bowie and 2 affer Middle 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME First Lost First M dale Charles R Margaret Dixon Grieashamer e certificate, writing the ward "pending" in pencil in shauld be farwarded to the Chief Medical Examiner's hours pages pencil 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS This tertificate should be executed within (Yes, no. or unknown) (If yes give war or dates of service) Edward Grieashamer Bowie. Md. 579 52 1331 no APPROXIMATE INTERVAL .⊑ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gun shot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), dny DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse Ė PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remayal CERTIFICATION 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES X NO 🦳 215 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, tem 18) Ь 210 EXTERNA, CAUSE WAS PRIMARY CONTRIBUTING N cremation, Shot self with .32 cal. automatic pistol 10:00pm 7-21-19 68 CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm street 21f LOCATION Street or R.F.D. Na City or Town Stote foctory, office building, etc.)
Home WHILE NOT WHILE AT WORK AT WORK Same as # 13 Inspect an 🔼 22a I certify that I taak charge of the remains described above, held an Autopsy [33], Inquiry and in my ap nian Accident Suicide X Hamicide death resulted fram: Natural couses Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER DC 5 may 70 FUNE Health **EXAMINER'S** NAME (Type) Riverdale, Md. ADDRESS(Street, city, town, or county) John /Kehoe MD 23a. BUR AL, CREMAT ON 23r NAME OF CEMETERY OF TRANSPORT 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Hvattsville Pro Geo Md. July 24, 1968 George Washington Rurial 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. VR A15ME (5

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10460 CERTIFICATE OF DEATH I. DECEASED NAME Eirst Lost 20 DATE OF DEATH 2b. HOUR (Type or print) 1968 William 2,55AN Ernest Griggs IF UNDER 24 HRS event, within 72 hours after 4 RACE S. DATE OF BIRTH IF JINDER I YEAR 3 SEX 6 AGE (In years last birthdoy) Male White 9 Oct., 1915 requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH completely filled in remove corbon popers USA. WIDOWED T DIVORCED -Pr. Geo. . Washington 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR give street oddress)
Pr. Geo. Gen Hosp., during most of working life, even if retired.)

Retired roofer INDUSTRY Cheverly self 130 USUAL RESIDENCE (Where deceased) ved, if institution. Residence before 113c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER 13b. COUNTY YES & Hillside 57th avenue. Maryland physican and chen place removed ordinate 14. FATHER'S NAME IS MOTHER & MAIDEN NAME FIRST 20 Mamie O Harbin John A Griggs 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 7 INFORMANT Ernest W GriggsJr Washington B. C. 166. SOCIAL SECURITY NO. [(it yes give war or dates of service) Yes, no. or unknown] 577 09 6359 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending phys director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, crematian, or removal. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MMEDIATE CAUSE (o) CA , Ch, G. 4 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physicion. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? CAUSES OF DEATH? YES 🔲 NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Dov Year 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from diff. 1965, to to the deceased of the last saw the deceased alive an diff. 1965, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE 22d. PHYSICIAN S NAME (Type) Greenbelt, Md. Bergman 23b. DATE 23d LOCATION (Cty or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION. (County) REMOVAL (Specify) Ft Lincoln Cemetery Colmar Panor Pro Geo 7/23 /68 Md. 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15 (4) Gasch's Sons Hyattsville, Md. 30M REV 1/68



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Last 26 HOUR Middle 2a. DATE OF DEATH death. (Type or print) 2,45AM Irene Hangliter A RACE 3 SEX 5. DATE OF BIRTH 6 AGE (in years IF LINDER I YEAR IF UNDER 24 HRS last birthdoy) White 15 Nov., 1895 Female 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED | NEVER MARRIED [X] U.S.A. WIDOWED [DIVORCED [7] Prince Georges burial, crematian, ar removal, and in any event, within 72 New Jerser requires that the death certificate be executed within 24 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12o USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Pr. Geo. Gen. Hosp., INDIISTRY during most of working life, even if retired) Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before \$13c. CTY OR TOWN 13e STREET AND NUMBER 1 13b. COUNTY NO 🗆 2502 Oueens Maryland Hvattsvil Chaol1 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Hangliter Edward R. Elina Krow 166 SOCIAL SECURITY NO 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) († yes give wor or dates of service) 217-52-8044 Dorothy V. Wan liter (above a1-1B. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) (and t ans, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)x directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar tal O FUNERAL DIRECTOR: After this certificate has been 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20a AJTOPSY? 206. IF YES, WERE FIND NGS CONSIDERED IN CERTIFFIE 19a DATE OF OPERATION. CAUSES OF DEATH? 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2. Hern 18.) TI OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. If either, natify medical examiner) 218 PLACE OF INJURY (AT HOME FARM STREET FACTORY.) 21f. LOCAT ON Street or R.F.D. No. City or Town State While Not while at work 22a. I certify that (I) (this haspital) bittended the deceased from 6/5, 196, to 196, to 196, that (I) (we) last sow the deceased alive on 3/3 from the 199, and that in (my) (our) opinion death occurred an the date and hour and from the . 19 61 . to fouses stated obove, (1) (we) (did) (did not) view the boay after death 22b SIGNATURE 22c DATE/SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS Jerome Sandler, M. D. 1726 Eye St., NW, Washington, D.C. 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Suitland Pr. Geo. Wash. Natl. Cem. 24. FUNERAL DIRECTOR Lalley'S ADDRESS 1. REI 11 8 1 25g. REC'D BY REGISTRAR Tome . 30M REV-1/68



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10471 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR 000 (Type or print) Month Year ARY 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. Jast birthdoy) MONTHS 1 OAYS HOURS director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pa should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 76. CTIZEN OF WHAT COUNTRY? 9. COUNTY 8 MARRIED [] NEVER MARRIED [country) WIDOWED DIVORCED [INGE completely filled 10. CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (finet in hospital 32g USUAL OCCUPAT ON (Kind of work done 126. KIND OF BUSINESS OR INDUSTRY attending physicion ona comprenent sermit. Then please remove carbon 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before CTY OR TOWN 13b COUNTY NO [YES 🗔 puo 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a)

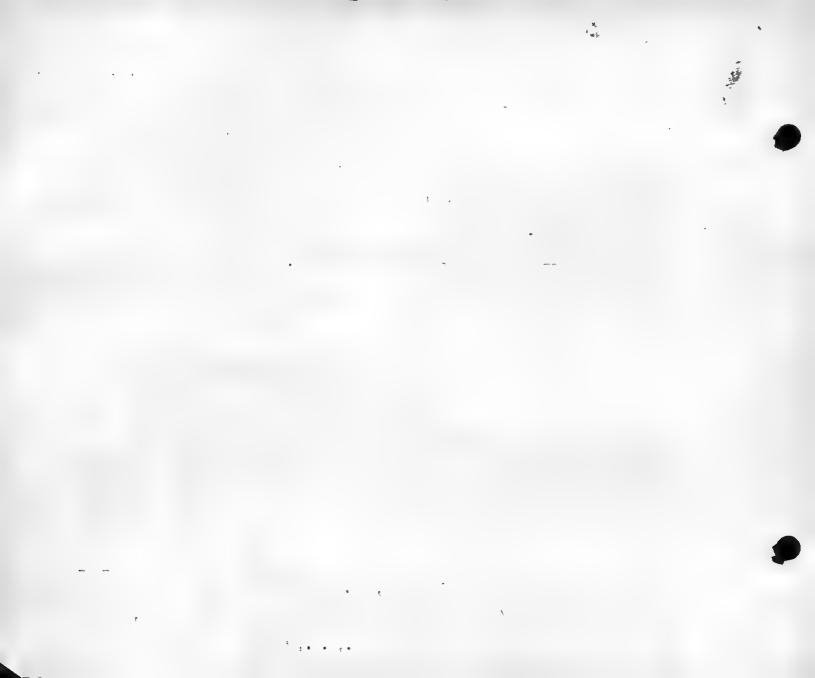
3 RONCLOP BETWEEN ONSET AND DEATH RONCHODNOUMONIA buarena L DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any which gave? Cenebrah haom rise to immediale cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse HATERIOSCLENOSIS PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending MELLITUS hos been NO 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES WERE FINDINGS CONS DERED IN CERTIFYING 190. DATE OF OPERATION 20a AUTOPSY? CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year P.M (If either, not by medical examiner) AT HOME, FARM, STREET FACTORY, 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While | Not while | at work 22a I certify that (i) (this hospital) attended the deceased from saw the deceased olive an. 196 A, and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above (1) (we) (did et) view the body after death 226 SIGNATUR ATTENDING PHYS DIRECTOR PHYS 22d. PRYS CIAN S TO HOSPITAL 22e. ADDRESS NAME (Type NMAR onegl 23b DATE LOCATION (City or Town) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) RECE BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1768



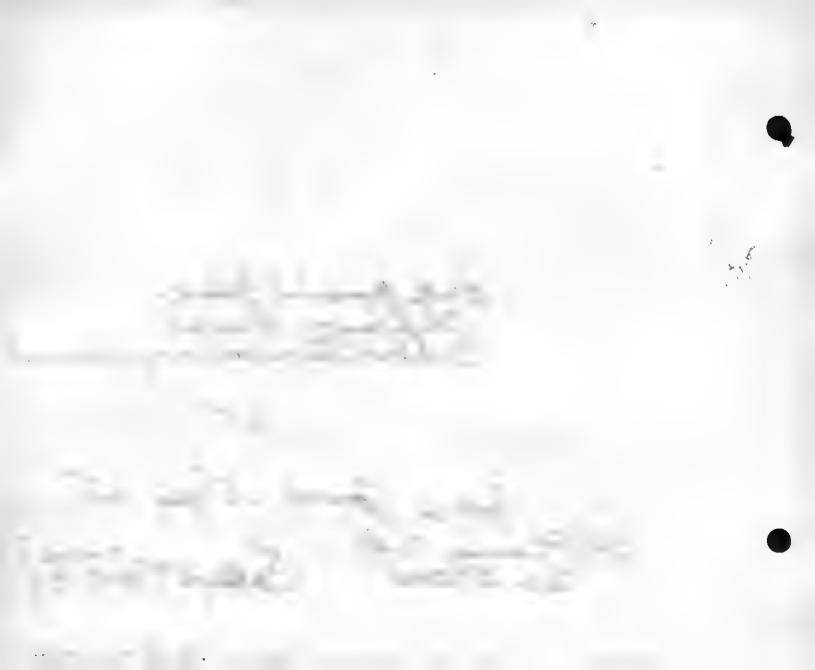




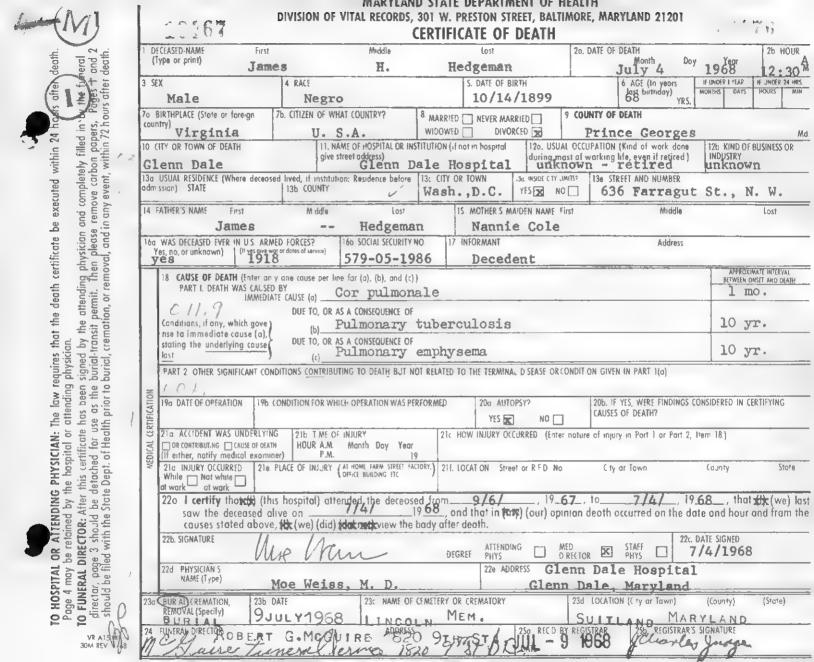
. 1	Ιt 9-			TE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE, M	ARYLAND 21201	
FOR STATE		6 %		ER'S CERTIFICATE OF DEA		F ()
HEALTH DEPT.		ECEASED-NAME Fire		Last	2a DATE KNOWN Month Day	y Year 2b HOUR
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	- 1	Type or Print) Clar	a K	Hartley	DEATH MATED 17-17-6	8 19 2:0019
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Give Pages ang with fari th the State L	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR La ve. street address)	INSTITUTION (If not in haspital 12a USU	JAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
after de 8. Give P alang w with the	120	Riverdale	Leland Memor	ial Hospital CL	mast of working ife even fretred) IND. ERK_TYPIST 1152 13e STREET AND NUMBER	UNION
v - " C	M	dmission) STATE	Prince George's	Hyattsville YES NO	□ 4205 Van Buren	Street
hours Hem Office	14.	ATHER S NAME First	Middle tas	IS MOTHER'S MAIDEN NAME	CORA LEE BRANCH	Last
ncil in Her niner's Off gage Lan	160	WAS DECEASED EVER IN U.S. ARMED		NO 17 INFORMANT	ADDRESS	
nould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 thours	(1	es, no or unknown) (If yes giv	e war or dates of service) 578–10–4			
rited v rol Ex rol Ex thin 7		DARK & REATH MAC CAME	nly one cause per line for (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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oe e ipen lef å nsit		Canditions, if any, which gave	1	Jr .		
word by word the Chi		nse to immediate cause (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE	OF		
shauld be e ne word "per a the Chief t burial-transit		last.) (c)			
This certificate shauld icate, writing the word be farwarded to the Ch to be used as a burial-tra		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR COL	NDITION GIVEN IN PART I(0)	
certiff , writi arwan used maval	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR			20 AUTOPSY?
his cate, and e far e far rem	TIFE		WAS PERFORME			YES 💢 NO 🗌
=		210. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING	216 TIME OF NJURY Manth, Day, Yo	eor 21c HOW INJURY OCCURRED (Enter	r noture of injury in Port 1 or Part 2, Item 1	B)
NER: certiff hauld hes. shauld shauld stian, a	MEDICAL	CALSE OF DEATH			rdose of barbitura	
SICAL EXAMINER: This certificate slease execute the certificate, writing the director. Page 4 shauld be farwarded to tetained for your files. DIRECTOR: Page 3 should be used as a bir to burial, cremation, ar remaval, and	~		PLACE OF INJURY (At home, form, street octory, office building, etc.) Hos		Gity or Town Hyattsville Pr. G	ounty State Geo. Md.
xecu xecu Par far far rial,				bed obove, held on Autopsy 🛂		and in my opinion
Se e setor ned ned by by by		death resulted from:	Natural Cayses , /Accide	nt □, Sujeide ☒, Homicide	, Undetermined monner	
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Printy.		SIGNATURE	Jarry C	M.D. ASSISTANT MEDICAL	AL EXAMINER 226 DATE SIGN	1868
o DEPUre DICA necessary, please e the funeral director S may be retained D FUNERAL DIRECT Health priar to by		EXAMINER'S NAME (Type) John I	Kehoe MD Riverd		ety, tawn or county)	20-00
TO DEPUT necessor the fune 5 may b TO FUNER Health	230	BLRIAL, CREMATION / 236	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town) (Cau	unty) (State)
_		UREMOXAL (Specify)	1,7	NAL MEMORIAL PARK	FALLS CHURCH, VIR	GINIA
VR A15ME [5]	24	FUNERAL DIRECTOR	1 0 5130 Wiscons	RESS Sin Ave., N.W., DATE JUI	BY REGISTRAR 2Sb REGISTRAR'S SIGN	
10M REV 1 (68	14	rayer surveus!	THE DESCRIPTION WITHOUTH	TIL TAG . 4 DALE ? O	L 2 3 1968 Actionly	by younge



MAKTLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR I. DECEASED-NAME First Middle deoth. after death erol (Type or print) Manth Day STOM amule arveu IF UNDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR last birthday) MONBHS HOURS The law requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8 MARRIED TO NEVER MARRIED country) event, within 72 h completely filled in one corbon papers WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR INDUSTRY during most of franking life, even if retired.) 130. USUAL RESIDENCE (Where deceased fived, if institution, Residence before CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER admissian) STATE & 13b. COUNTY A dn ond con 14 FATHER'S NAME MOTHER'S MAIDEN NAME First Middle Middle Eve Dennett arvey 160. WAS DECEASED EVER IN .. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMAN [If yes give wat or dates of service] Yes, ng, ar unknown) buriol, cremation, or removal, APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) And (c) BETWEEN ONSET AND DEATH PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave) buriol-tronsit rise ta immed ate cause (a) signed by be retained by the hospital or attending physicion. DUE TO, OR stating the under ying cause iast PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART as the O FUNERAL DIRECTOR: After this certificate hos been コッケ. 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F be detached for use State Dept. of Heolth p 21a ACCIDENT WAS JNDERLYING 216 TIME OF PALURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year P.M. (If either, natify medical examiner) (AT HOME FARM, STREET, FACTORY,) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. While Not while m at wark OR ATTENDING the deceosed from 22a. I certify that (I) (this hospital) after des that (I) 1922, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. (did not) view the bady after death 22c DATE SIGNED ATTENDING director, page 3 should be filed v PHYS DIRECTOR PHYS TO HOSPITAL 22e. ADDRES 22d. PHYSICIAN S 230 BURIAL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOPATION (City or Town) (County) (State) Storrs Connecticut 1968 Storrs Cemetery 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) F. Gasch's Cons Hyattsville, Md. . 1968 30M REV 1/68









DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME 20. DATE KNOWN Manth 2b. HOUR (Type or Print) Elizabeth Mary . DEATH MATED X 7-26-68 Henry : OCarN 6. AGE (In years 2r. DATE PRONOUNCED DEAD 4 RACE 2d HOUR S. DATE OF BIRTH last birthday) 68191:08amM 12-3-1895 Female | White MARRIED TO NEVER MARRIED To BIRTHPLACE (State or fore-an 7b. C.T.ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH TSA country) Pa WIDOWED | DIVORCED [Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital IO. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 110 no give street address) Riverdale Heland Hospital 13a LSUAL RESIDENCE (Where deceased I ved, if institut on Residence before 13c CITY OR TOWN 13d. INSIDE CTY LIMITS? 13e STREET AND NUMBER Frince George 's Hvattsville YEXX NO 4009 Gallatin Street, #405 in |tem 18. certificate should be executed within 24 hours e certificate, working the werd "pendang" in pencil in Item 1 should be forwarded to the Chief Medical Examiner's Office. 15. MOTHER'S MAIDEN NAME First Middle ond 14. FATHER'S NAME Middle Last Robson Joseph Anna Morgans 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (Yes, an, or unknown) Lloyd E Henry 4009 Gallatin St. 214300222 any event within 72 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart failure DUE TO, OR AS A CONSEQUENCE OF Hypertensive cardio vascular disease over 1 yr. buriol-tronsit Conditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 43 \ Diabetes mellitus - over 20 yrs. CERTIFICATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO THE 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B) 5 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d NURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) moy be retained for your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection 🗓 , Inquiry [], and in my apinian Notural causes 😿 . Accident 🗍 . Suicide 🗍 . Hamicide | Undetermined manner death resulted fram: CHIEF MEDICAL EXAMINER **ACTUAL 72b DATE SIGNED** ASS STANT MED CAL EXAMINER SIGNATURE 7-26-68 DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 moy ro FUNE Health NAME (Type) Riverdale, Md. ADDRESS(Street, city, tawn, ar county) ohn Kehoe MD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMAT ON (County) 7/29/1368 Ft. Lincoln Cemetery | Colmar Manor, Maryland 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR JUL 29 Malley Funeral Home .t. Rain er, I.d. 1968 Milarla

10M REV 136

MARYLAND STATE DEPARTMENT OF HEALTH



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判		Dianci		Н	erbert		7-	10-68	Ianh
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17)	130 odmi	SUAL RESIDENCE (Where deceo	1.13b COUNTYZ Z			L INSIDE CITY LIMITS? /ES NO	13e STREET AND NUMB		
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	_			-48-4806	Miss La	ura B.	Yates-Ni		Head, Md
		1B. CAUSE OF DEATH (Enter or PART DEATH WAS CAUSE	ily one couse per line for (o)	, (b), end (c))	-	P==	211	BETWEEN :	ONSET AND DEATH
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	Š	TOCO	13071345	CECI	The CA	REINV	MAYOU)	CERTIFYING
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		22a 1 certify that (the saw the deceased of	live an 7 ~ 30	19 65	and that in (my)	(aur) apinian d	eath occurred an t	he date and hour	and from the
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			2/1900					-	
0.0	24 A	unfra. Director rehart Funer	al Home In	ADDRESS c. pLa Pla		SO RECD BY REGIS DATE AUG 2		trans signature	
					, , , , ,	DATE MUD 4	1300	western An	7



and the second s	1	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTIMOI ERTIPICATE OF DEATH	RE, MARYLAND 21201 (175)
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at a te	3. SE	NALE LUNITE	S DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) YRS IF UNDER 1 YEAR IF UNDER 24 HRS. MOURS MIN.
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he death certii offending ph permit. The		18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c)	75.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath ndin iit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAKD106		30 M/N
offendi offendi permit.		4/27 DUE TO, OR AS A CONSEQUENCE OF	-	2
the the ratio		Conditions, if any, which gave isse to immediate cause (o).	CUUAL TIBRILL	ATION ZUMIN
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificage 4 may be retained by the hospital or ottending physician. FUNERAL DIRECTOR: After this certificate has been signed by the offending phy director, page 3 should be detached far use os the burial-transit permit. The should be tiled with the State Dept. of Health prior to burial, cremation, or remova		DUE TO, OR AS A CONSEQUENCE OF	LIOSLEROTIC CARDIOU	ASCULAR DISEASE 6 YEARS
Physical sugar		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CONDI	TION GIVEN IN PART 1(o)
v re ing en he fo	Z			
The law rottending has been se as the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The sea of	Ē		YES NO	
AN: Il or cate ar deol		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. Manth Day Yeor	21c. HOW INJURY OCCURRED (Enter note	re af injury in Port 1 or Part 2, Item 18.)
YSICIAN: ospitol or certificate hed far J	MEDICAL	(If either, notify medical examiner) P.M. 19		
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END led A	L	sow the deceased olive on couses stoted above, (I) (we) (did) (did not) yiew the	タ <i>也る</i> , and that in (my) (aur) apinion hadv after death	death accurred on the date and hour and from the
ATT ATT	П	22b SIGNATURE		22c, DATE SIGNED
OR be re 3 ed w		Yloriscen K / Why	DEGREE PHYS. MED DIRECT	OR D STAFF D July 28, 1968.
AL D IN E		22d. PHYSICIANS	220 ADDRESS Skperi	or Anna Rovee Mdf 207(5
SPIT FRA d by		NAME (Type) Dr Norman Bohrer M.D.	3231 307 6 70	or dame Bowee Md# 207(5
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far all should be filed with the State Dept. of Heal	23a	BUR AL, CREMATION, 23b. DATE 23c NAME OF	CEMETERY OR CHEMICARY P 230	LOCATION (City or Town) (County) (Stote) Arlington Virginia

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH



	1	MAKYLAND STATE DEPARTMENT OF HEALTH
C.C.	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	-	CERTIFICATE OF DEATH
ter death. funeral s 1 and 2 ffer death.		ECEASED NAME First Middle Lyst / 20 DE OF CEATH Type or print) MABLE Middle Lyst / 20 DE OF CEATH Type or print) MABLE The Middle Lyst / Year 8 4 7 m
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4 hours		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19 COUNTY OF DEATH WIDOWED DIVORCED 1100 NEVER MARRIED 1100 NEVE
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uficate t fysician n please val, and		WAS DECEASED EYER IN U.S. ARMED FORCES? Yes, na, ar unknown) (1 yes give wor or dates of service) (1 yes give wor or dates of service) (2 S S 16 9 C 9 S MRS Alan C Hill _ Same
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hat the n. y the a ansit pe		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
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S PHYS the has this cel detache e Dept	W	21d INJURY OCCURRED While Nat while at work AT HOME FARM STREET, FACTORY.) 21f EOCATION Street at R.F.D. No. City Trawn County State
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OR ATT be retain DIRECTO Pe 3 sho ed with		226. SIGNATURE LA PLEGREE ATTENDING MED. STAFF 126. DATE SIGNED - 68
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TO HO Page TO FUR direct	L	BURIAL CREMATION, REMOVAL (Specify) Burial July 28, 1968 Bramanville Cemetery 23d .ocaTion (Cty or Town) (County) (Stote) Cobleskill, New York
VR A15 [4] 30M REV 1/68	24.	F. Gasch's Sons ADDRESS Attsville, M. 450 REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE DAUL 29 1968

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Lost 2b HOUR burial, cremotion, or removal, and in any event, within 72 hours after death (Type or print) JAMES HIMICH 68 July S. DATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS. 3 SEX 4 RACE & AGE (In years lost birthdoy) HOURS Male Caucasion 16 Dec 1888 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (Ountry) Hungary USA WIDOWED 🔀 Prince George's DIVORCED [County 120 USUAL OCCUPAT On (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during mass at working I fe, even if retired) give street oddress)
Malcolm INDUSTRY attending physicion and completely formit. Then please remove corban Andrews AFB Grow USAF Host 30. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before: 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY NO 😿 aroline Greensborb Box 243 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 6 YH Yes, no, or unknown) 218-20-4616 Son-10 Acth St. Englewood Cl 18. CAUSE OF DEATH (Enter only one couse par-line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-transit p Conditions, if any, which gave } ancer Me due rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING O FUNERAL DIRECTOR: After this certificate hos CAUSES OF DEATH? YES 🗍 NO T 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d INJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State White Not while at work 220. I certify that (I) (this hospital) ottended the deceosed from... ___. to and that in (my) (our) apinion death occurred on the date and hour and from the sow the deceosed alive on ... couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED MED. DIRECTOR DEGREE PHYS PHYS CIAN'S MALCOLM GROW USAF HOSP, ANDREWS NAME (Type) FRANK A CAMP MAJ MC USAF 23c MAME OF CEMETERY OR CREMATORY 23b DATE 230/ IOCATION (City of Town) (Stote) 230. BURIAL, CREMATION (County) REMOVAL (Specify) seria **FUNERAL DIRECTOR**



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. OECEASED-NAME First Middle Lost 26 DATE OF OFATH 2b. HOUR signed by the ottending plyrician and completely filled in by the funeral burial-transit permit. Then please remove carbon pagers—Pages—Parad burial, cremation, or removal, and in any event, within 72 hours ofter death Month (Type or print) Yeor Holman Emmons July 1968 4 PACE 5. DATE OF BIRTH 6. AGE (In years IF JINDER I YEAR IF UNDER 24 HRS. 3. SEX get-birthday) HCYLIES. 1/5/1905 Male Negro 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8- MARRIED NEVER MARRIED d 9. COUNTY OF DEATH country) Prince Georges completely filled in U.S.A. 10 CITY OR TOWN OF DEATH Glenn Dale 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUA, OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR The low requires that the dath certificate be executed within give street oddress Glenn Dale Hospital during most of working life, even if retired) INDUSTRY unemployed- unknown 13g USUAL RESIDENCE (Where deceased lived if institution, Residence before 113c CITY OR TOWN 13d INSEDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY No fixed address Wash. 14 FATHER'S NAME 15 MOTHER'S MA DEN NAME First Middle First Middle Last Last Unknown Holman Maggie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) 1939-1945 Yes, no, or unknown) 579-05-1537 Decedent yes APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RECURRENT CEREBRO VASCULAR ACCUDENT BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), signed by 1 DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the haspital or ottending physicion.

• FUNERAL DIRICTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the prior to 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY2 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town Stote County While Not while at wark ATTENDING 7/3/ 19 68 , that tik (we) last 220. I certify that **(A)*(this haspital) attended the deceased from saw the deceased alive an 1968 , and that in tack (our) opinion death occurred on the date and hour and from the saw the deceased alive an director, page 3 should should be filed with the couses stated above xix (we) (d d) (histocrape w the bady ofter death. 22c DATE S GNED 22b S GNATURE ATTENDING 7/3/1968 DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 22e ADDRESS Glenn Dale Hospital NAME (Type) Moe Weiss, M. D. Glenn Dale, Maryland 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION (County) (State) REMOVAL (Specify) 0 LANDOVER 30M REV



1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	-	DIVISION OF VITAL RECORDS 301 WE PRESTON STREET, BALTIMORE, MARYLAND 21201	84
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle Lost 2a DATE KNOWN Month	Day Year 2b HOUR
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delcond m3 f	E.	emale Negro 5-17-1947 19 yrs Month Day 7	68 191:26am M
any delo		BIRTHP.ACE (State or foreign 7b. CT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 2 9 COUNTY OF DEATH	OO 17112Oalil W
- E 4 ()			
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frer deoth Give Pag with the State of the St	10	give street address) during most working the every fratural)	INDUSTRY
ive F	12-	Cheverly Prince George Hospital	
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113 Ce Ce C	_		et, N.E.
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24 in 1 r's 1 ss 1 rs c		CHARLES W JACKSON BEATRICE WHITE	
hin 24 hours nati in Item I niner's Office pages I and 2 hours offer of		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 85, no, pr. yrikpawn) (If yes gree wor or dotes of service)	words
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orword used	101	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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INER: Tie certifice should by files. 3 should a should by a should	WEDICAL	PRIMARY TO OR CONTRIBUTING THOUR AM. 7-28- 19 68 Pedestrian struck by car.	,
INE e co sho sho file 3 sh atik	WED	21d INJURY OCCURRED 21e PTACE OF IN RY (At home form street 22f OCATION Street or R.E.D. And City of Town	County State
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L EXAMINER: ecute the certi Page 4 should or your files. R:Page 3 shou od, cremation.		AT WORK LESS A WORK LESS AT WELL AT WORK LESS AT WORK LES	1.1
DEPUTY DICAL EXAM Scessary, please execute it the funeral director Page 4 may be retained far your FUNERAL DIRECTOR: Page ealth prior to burial, crem		22a certify that taak charge of the remains described above, held on Autopsy, Inspection 🔀 , Inquiry	, and in my apinian
se se ecto		death resulted from: Natural causes 🔲 , Accident 🗷 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner [
TY, please roll director to prior to		ACTUAL CHIEF MEDICAL EXAMINER C	Platies
Prior Parior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220 WAYES	
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necessary, the funero 5 may be 10 FUNERA Health pr		NAME (Type) Ohn Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 c = 2 5 E	23,0	BUR AL CEMATON, 73b DATE 23c NAME/OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town)	(County) (State)
	- 0.4	18/0/68 TIMNIVONY LANGUER	A.6201 1910
AND ADDRESS OF A	24	FUNERAL DIRECTOR W, WChAMBERS ADDRESS ADDRESS ALICE G 1000 REGISTRAR S SI	
VR A15ME (5)		1408 ChAPIN St. DATE AUG 6 1988 Police	May Loudan



1 1	65 M 404 M		LAND STATE DEPARTMENT OF RDS, 301 W. PRESTON STREET, BA		8.5
	10576	DIVISION OF VITAL RECO	CERTIFICATE OF DEATH		K 0.0
1.	DECEASED-NAME Fig (Type or print)	Baby Boy	Johnson	2a. DATE OF DEATH July Month 29, Day	2b Hour 4:05P
3.	Male	A RACE Negro	S. DATE OF BIRTH July 29.	6. AGE (In years lost birthday) YRS.	MONTHS DAYS HOURS MIN 3 43
	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Prince George's	M
10	CITY OR TOWN OF DEATH Cheverly	11 NAME OF HOSPITAL	OR INSTITUTION (If not in hospital -2a U	ISUAL OCCUPATION (Kind of work done most of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
130		eosed lived, if institution Residence b		TY LIMITS? 13e STREET AND NUMBER 1228 Savahhal	n St.
	FATHERS NAME First Willie	Middle John son	ost IS MOTHER'S MAIDEN NAM Mary Ellen	E First Middle	Lost
16	o WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes gr			Address	
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	21d IN.JRY OCCURRED 2 While Not while of work	Te. PLACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, E	REFI, FACTORY,) 21f, LOCATION Street or R.F.D.		County State
	saw the deceased	this hespitel) attended the dealive an	19 <u>68</u> , and that in (my) (mss)	9 K , ta, 19 apinian death accurred an the do	te and have and from the
	22b. SIGNATURE	2. (ollan	DEGREE ATTENDING DEGREE	MED STAFF 22c	DATE SIGNED /68
0.0		ry E. Altman, M.	D. 22e ADDRESS 2025 Eye AE OF CEMETERY OR CREMATORY	St. NW. Washingt	
L	REMOVAL (Specify)	8/17/68 ()Pri	nce 200. General Ho	sp. Cheverly, Md	
3 24	FUNERAL DIPECTOR STANKY W. PE.	NN, JR., ADMINIST		D BY REGISTRAR 256 REGISTRAR'S	SIGNATURE



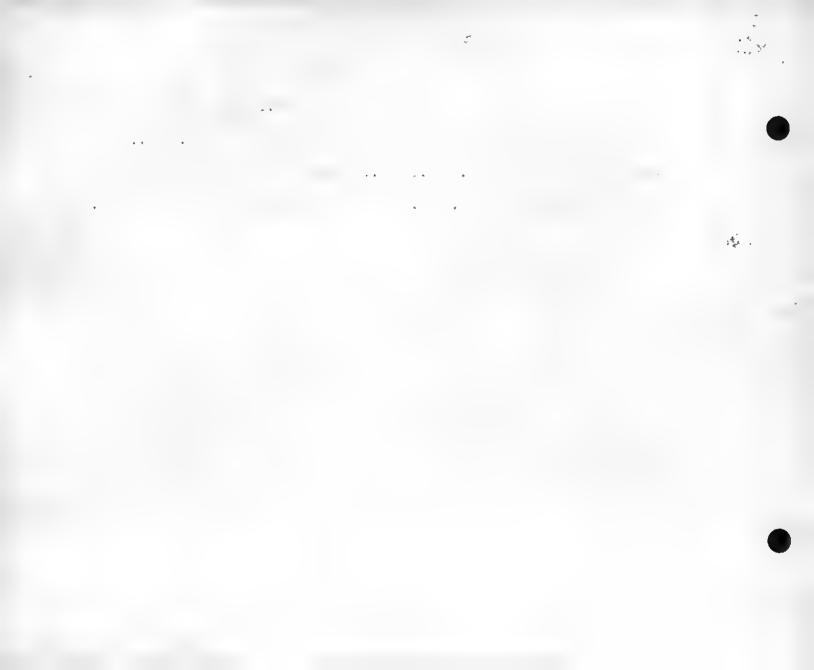
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
· × ×	I -	CERTIFICATE OF DEATH
(M)	1 00	CEASED NAME FIST MIGLOS 8/5/68 Middle Lost 20 DATE OF CEATH 2b HOUR
#1 APR		Marsh O. V.
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ilicote be executed within 24 naurs after sizion and completely filled in by the fur pleose remove carban popers. Poges 1 il, and in any event, within 72 hours after	16g	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address
J. Sic.	Y	es, no. or unknown) (If you give wor or dates at service) 57730 8615 Louise King 9901 Edge hill Lane Spring, Md
eath certific and ng prys		1600 AVILLET, INTONE
of the death ce the article sist permit. The mation, or remo		TB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
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FENDING ned by the R: After I uld be d the State			s hospital) ottended the decease	ed from 2 = P, 19	68, to 7-15, 19	Gd , that (I) (we) ast
ND A P		saw the deceased a	s hospital) ottended the decease	9 6 , and that in (my) (our) o	pinion deoth occurred on the d	ote and have and from the
ATEINE et dine CTOR: shoul		22b SIGNATURE	, (i) (we) (did) (did not) view the	body after deofn.	1 00-	DATE COURT
AL OR ATTEND y be retained L DIRECTOR: A oge 3 should filed with the		ZZO SIGNATURE	1.10 c- un	DEGREE PHYS	AACD CYATE	DATE S GNED 7-15-68
V by		22d. PHYSICIAN'S	7 Carrier	22e ADDRESS	DIRECTOR CO PRIST CO	, , , , , ,
PITA mo FRA FRA I be		NAME (Type) FIDE	- J. QUINTAN		AYEHECK LANE	BOWIE, MD.
O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, poge shou d be filed	230	BURIAL, REMATION, 23b I	DATE 235 NAME OF	CEMETERY OR CREMATORY	23d OCATION (City or Town)	(County) (State)
5 5 5 F F F		REMOVAL (Specify)	18-68 HR/11	VGTON. NA+	- HRINGTON	I. VA.
VR A15 (4)	24	FUNERAL DIRECTOR, Chan	less de ADDRESS	25a. REC'D		SIGNATURE
30M REV 1/68		1400	- Chepin St. V	7.W- DATE	JUL 1 7 1968 80	- Carlon





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10490 CERTIFICATE OF DEATH First Middle Last 1. DECEASED NAME 2a DATE OF DEATH 2b. HOUR death (Type or print) Month and Day unerai dea Nellie J. 1968 Kaiser July : 20PM 4. RACE DATE OF BIRTH FUNDER 1 YEAR IE LINDER DA HRS 3. SEX 6 AGE (In years lost_birthdoy) ZHTHOM DAYS HOURS Date the Female Cauc. requires that the death certificate be executed within 24 haurs 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED MINEYER MARRIED country) DIVORCED [WIDOWED TO burial, crematian, or remaval, and in any event, within 72 paper and campletely filled 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) INDUSTRY attending physician and compared in please remove carban armit. Then please remove carban avent, with E.Leland Memorial 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INS DE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 136 COUNTY Marvland Brookland Bridge Rd Laurel 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last 16a. WAS DECASED EVER IN U.S. ARMED FORCES?
Yes, no.cor unknown) (III yes give war ar dates at service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address E.Leland Memorial Hosp. 4408 Queensbury Rd. 18. CAUSE OF DEATH (Enter only one cause pto line for (a), (b) and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any/which gave burial-tronsit rise to immediate couse (o). signed by DUE TO, OR AS/A storing the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) peen Page 4 may be retained by the haspital ar attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES -NO [FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 2) e. PLACE OF INJURY State City or Tawn County While Nat while at work at wark 22a. I certify that (1) (this freshtal) attended the deceased from ta 19 o and that in (my) (our) apinion death occurred on the date and hour and from the saw the deceased alive ancouses stated abave, (1), (we) (did) (did not) view the body after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF PHYS DEGREE PHYS DIRECTOR 22e. ADDRES 22d. PHYS CIAN S NAME (Type 230 BURIAL, CREMATION 23d. LOCATION (City or Town) 23b. DATE CREMATORY (County) 23c (State) MOVAL (Specify) 25a. REC'D 8Y AZGISTRAR 24. FUNERAL DIRECTOR REGISTRAR'S VR A1. 30M REV 1/6



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	20683	200,000			ATE OF D			. '51	
	A SALINA PARTIES	rst	Middle		Lost	20	DATE OF DEATH		HOUR
,	(Type or print) Se1	ena		Ke			Month De July	1968 3:	30P M
3. 5		4 RACE	_		5 DATE OF BIRT		6. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDE MONTHS DAYS HOURS	R 24 HRS
_	Female		legro	i n	12/28/1		65 YRS		
	BIRTHPLACE (Stote or foreign intry)		WHAT COUNTRY?		NEVER MARRIE	CD	UNITY OF DEATH		
10	CITY OR TOWN OF DEATH	U.S.	A . I NAME OF HOSPITAL OR II	WIDOWED	<u> </u>	<u> </u>	Prince Georg		Me
(Glenn Dale	9	Glenn Dale	Hospit	a1	during most of unknow	working life, even if repred)	INDUSTRY unknow	
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14	FATHER'S NAME First	Midd			MOTHER'S MAID		Middle	Lost	
	Richar	ď -	- Gilles		Lott	tie		Henderson	
16	WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes s	ARMED FORCES?	166 SOCIAL SECURITY	NO. 17	INFORMANT		Address		
			unknown		Decede			APPROXIMATE INTE	RVAL
	18 CAUSE OF DEATH (Enter PART DEATH WAS CA	only one couse on USED BY I EDIATE CAUSE (o) _	gr lipe for (o), (b), and (o) Bilateral bi staphylo	conchop	neumonia	a, proba	bly due to	10 days	DEATH
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	rise to immediate couse (staking the underlying cou- lost	01,1	OR AS A CONSEQUENCE O	llitus	with bl:	indness	& neuropathy	10 years	
	PART 2 OTHER S GNIFICANT Hypertensiy	conditions conti	RIBUT NG TO DEATH BUT	not related to c cardi	o the term hald ovascul	DISEASE ORCONDI ar disea	TION GIVEN IN PART I(0) enc	ephalomalac	ia,
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		DEATH HOUR A		ı	100.00		re of injury in Port I or Port 2	?, Item 18.)	
MFD!CAL	While Not while	ominer) F 21e PLACE OF IN.S		ACTORY) 21f Li	OCATION Street	or R.F.D. No	City or Town	County	State
	22a. I certify that % saw the decease causes stated ab	d alive an	attended the decea 7/7/	_19 68 , an	8/24/ d that in faw death.	, 19 <u>66</u> k(aur) apinian	death accurred an the o	date and haur and fi	we) las ram th
	22b SIGNATURE	line l	van	DEG	ATTENDING REE PHYS.	MED DIRECT	STAFF	7/7/1968	
	22d PHYSICIAN S NAME (Type)		W 5		22e ADDRI	OIC	nn Dale Hospi		
		ioe Weiss					nn Dale, Mary		
23	BUR AL CREMATION, REMOVAL (Specify)	3b DATE 7 13 68	Has	F CEMETERY OR	Laur	Tray K. D.	3 10CATION (City or Town)	(County) (Sto	1
24	FUNERAL DIRECTOR	1	ADDRE	ss 0		ZSo. READ BY RE		S SIGNATURE	
7	alt Williams	4443	- Dean G	ve y	7 0	DATEUL 1	1968 Action	May mage	



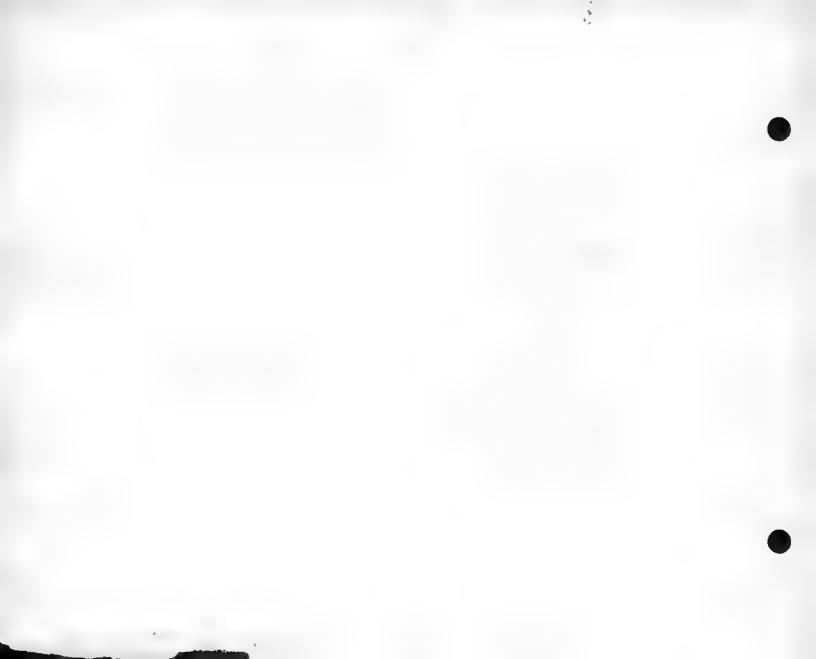
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Pe	ennsylvania			WIDOWED [DIVORCED [nce Ge	orge'	s Count	у мо
10	CITY OR TOWN OF DEATH	11	NAME OF HOSPITAL OR INS	TITUTION (If not i	haspital 120	LSUAL OCCU	PATION (Kind of orking life, eve	work done	12b KIND OF B	USINESS OR
A	CITY OR TOWN OF DEATH Andrews AFB USUAL RES DENCE (Where mission) STATE Mich FATHER'S NAME First	Md M	alcolm Gro	W USA	F Hosp	Airm	an		INDUSTRY Milit	ary
13o	USUAL RES DENCE (Where	deceosed lived, if instit	ution: Residence before	13c CITY OR TO	WN 13d INSIG	NO 💭	13e STREET AND			
	Mich	iigan	Warren	Detro	14 10		144 6		dricks	1 .
14.					OTHER'S MAIDEN N			Middle	Has	Lost
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-	Yes		_		ars. Cu	HELL	ie vin	CKEL	APPROX M	ATE INTERVAL
	18 CAUSE OF DEATH (E	CAUSED BY-	Interior (0), (B), and (C))	la.	i Hear	and ha	a /		BETWEEN ON	SET AND CEATH
	4 207			THE PLANE	e / / Corr	auska (Je.			
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	rise to immediate cous	e (o), (AS A CONSEQUENCE OF							
	stoting the underlying o	(c)	The in consequence of							
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E E						NO 🗌	CAUSES OF DEA		No	
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MEDICAL	(If either, notify medical	exominer) P N	1. 19							
2	21d. INJURY OCCURRED	21e. PLACE OF INJURY	(AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	IORY) 21F LOCA	TION Street or R I	F.D No	City or Town		County	State
	While Not while at work of work					10 () -	1	. Add 2	0/1/	(0.7.)
	22a. I certify that ((I) (this haspital) a	ttended the decease	ed from	hat in (my) (au	r) aninian a	ionth arc are	o on the c	y <i>corr</i> , inai late and hour o	(I) (We) Ias
	causes stated	abave, (1)-(we) (dia	l) (did nat) view the l	oady after de	ith.	ir j upimum o	iodin decono	e an mo	idio dilipitadi e	
	22h SIGNATUR	()	3/		ATTENDING _	- MED	STAFF	220	DATE SIGNED	
П	Mure	on Kill	Games	DEGREE	₽HYS L	DIRECTOR	PHYS.	9	- Luly 1	968
П	22d. PHYSICIAN S				22e. ADDRESS				Md	
_	NAME (Type) PHI								Andre	
23	of Burial Cremation, REMOVAL (Specify)	23b DATE	23c NAME OF	CEMETERY OR CR	EMATORY	23d	LOCATION (City	or lown)	(County)	(Stote)
24	FUNERAL DIRECTOR	1-8-6	ADDRESS		250	REC D BY REGIS	STRAR 251	REGISTRAR	S SIGNATURE	
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		MARTLAND STATE DEPARTMENT OF HEALTH
= (NN)1		TERM 2 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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er death funeral s 1 and ter death	ļ	MAMIE E / 149 JULY 15- 1968 11:56 M
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by by our	7o. E	RTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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	2	a ve street address) . Industrial most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
ecuted with campletely ave carban y event, wi		-IINTON JUNEVIEW GARDENS NULSES AIDE HOSD, THE
ed plet car ent,	13o.	US_A. RESIDENCE (Where deceosed ryed, if institution Residence before 13c CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13c STREET AND NUMBER
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a gse	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17. INFORMANT Address
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e demth ce attending permit. Th		18. CAUSE OF DEATH (Enter only one couse per one for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN CHISC AND DEATH
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end end so be a post of the so be a post of th	N. S.	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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Spital or certificate for u hed for u of Real	3	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19
rent ned t. o	MED.	(If either, notify medical examiner) P.M. 19 21d. ALLRY OCCURRED 21e. PLACE OF INITIARY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
S PAYIC the haspit this certi detached e Dept. af		Whe Not while \ OFFCE BUILDING ETC
INICENTIFICANTE The law requires that the denth certificate by the haspital or attending physician. After this certificate has been signed by the attending physician be detached for use as the burial-transit permit. Then please that burial, crematian, ar remayal, and		of work of work of work
OR ATTENDING be retained by t DIRECTOR: After ge 3 shauld be o		220. I certify that (1) (this hospital) attended the deceased from 4-5, 1968, ta 7-15, 1968, that (1) (we) last
OR: A cauld h thu		saw the deceased alive on 7 = 15 1968, and that in (my) (aur) opinion death occurred on the dote and hour and from the couses stated above, (1) (we) (did) (did nat) view the body after death.
File Dark		220 SIGNATURE 220 DATE SIGNED
may be retained RAL DIRECTOR: A , page 3 shauld bill filed with thill		ATTENDING STAFF ST
DIRE 3 ge 3 led wiled w		Cliffia DEGREE PHYS DIRECTOR LI PHYS LI 1666
AL AL POOR		22d. PHYSICIAN'S NAME (Type) ALCO - O'L POINT DO CLINTON MO
Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the barral-transbould be filed with the late Dept. of Realth prior to burial, cree		TOTTED K. LAPIN, IN COTOR, 10
FUNET TITLE OF THE PROPERTY OF	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
E 2 2 5 7 7 7		FEMOVAL Special July 17.68 Cedar Hill Cemetery Syitland, Maryland
VR AIS [4]	24	FUNERAL DIRECTOR, ADDRESS ADDR
30M REV. 1/68		emmons Brens 1661 Storon Hope Red DATE 1111 17 1968 Peliarles Jung



	1	MAKTLAND STATE DEPARTMENT OF HEALTH
4		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	L	Item#11,FilmGh02 7/12/68km CERTIFICATE OF DEATH
~ =		CEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
funeral T and 2	. (ype ar print) Ryssell Sarayel Trout 7 Month 2 Day 1968 Year 150 pm
15 J	3 5	X 4 RACE S. DATE OF BIRTH 6 AGE (In years 1 FUNDER 24 Hrs.
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and c	14	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Lost
icate be sician c please , and it	14-	WAS DECEASED EVER IN S. ARMED FORCES? 1166 SOCIAL SECURITY NO 17 JINFORMANT 1 Address 1
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YSI nasp re- theo	MEI	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. Ng. City or Town County State
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R ATTENI retained retOR: A 3 shaurd with the		226. SIGNATURE ATTENDING TO MED STAFF PC. DATE SIGNED 16/0
OR DORE		AGUNDAU, CAPLO MEDEGREE PHYS DIRECTOR DIPHYS DI
SPITAL OR 4 may be IERAL DIR ar, page 3 d be filed		22d. PHYSICIAN'S MAROLD W. DRAPER M.D. 220. ADDRESS GEORGIA AVE US PLER Spring Ld
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shound	286	BUR AL-CREMATION, 230 DATE 23c NAME OF CEMETERY OR CREMATORY (23d MCATION (City or Town) (County) (State)
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	-0	funerce and ar dec	- 1	3. SE		4 RACE			S DATE OF BIRTH		6 AC	GE (In years	IF UNCER 1 YEAR	IF UNCER 24 HRS.
	affe	屋等			Female	Wh	ite		April	17, 1892	last	highday) yrs.	MONTHS DAYS	HOURS MIN
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	n 24	pape pape	,	10. C	TY OR TOWN OF DEATH		11. NAME OF HOSPIT	AL OR INSTITUTION	(if not in hospital	120 USUAL OCCU	PATION (Kind	of work done	12b KIND OF E	BUSINESS OR
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	Ŧ	ohys en p			es, no, grunknown) (If yes give wa		578-2	.6 – 2029A	Mrs. Mary	y Kamonj	ar, Do	ugnter,		
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	E C	音音音		MEDICAL	(If either, notify medical examin		P.M.	19						
	OR ATTENDING PHYSICIAN: be retained by the haspital or	s ce ache		×	21d INJURY OCCURRED 21e. While Not while	PLACE OF IN	JURY (AT HOME FARM OFFICE BUILDING	STREET, FACTORY,	IT. LOCATION Street of	FRFD Na	City or To	wn	County	_ State
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	N A	fter be Stat			220. I certify that (I) (the	s-hosputa,	Tattended the	deceosed from	n	_, 1955.		T 11.	U, that	(I) (we)-last
	_ EN	A y			saw the deceased al- couses stoted abave	ive an_> ,(I) (****e*)	(did) (d id n ot) vi	ew the hody of	, and that in (my)	(our)-opinion	reoth occur	ged on the do	ote and haur	ind from the
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	y ĕ	dge file			22d. PHYSICIANS	•			22e. ADDRE		P			
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	TO HOSPITAL OR A	TO FUNERAL DIRECTOR: After this cert ficate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	75	23a	BURIAL, CREMATION, 23b. D	ATE	23c	NAME OF CEMETER	Y OR CREMATORY	23d	LOCAT ON (Ci	ty or Town)	(Caunty)	(Starte)
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	-			24	E INSPAL DIRECTOR			ADDRESS	25	Sa REC D BY REGI	STRAR :	2SB. REGISTRAR S	SIGNATURE	MOTY GO
		VR A15 (4 30M REV 1/	68		Joseph Gawler	ສຸສ ວ ກ	Pholips.,	2T30 M	iso. Ave.	HL 10	1968	Cliante	4 Judge	
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	,	1	MARYLAND STATE DEPARTMENT OF HEALTH	
7	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
(N.	4 L		~ CERTIFICATE OF DEATH	10490
7.	1 x =		DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HQUR
deat	and	(1	(Type or print) THOMAS T. LANAHAN Month Do	Y 4000 458 M
Je Ju	ges 1 s affer	3. SI	SEX M 4 RACE S. DATE OF BIRTH 6 AGE (In years last birthday) YRS.	IF UNDER 1 YEAR AF JINDER 24 HRS MONTHS DAYS HOURS AHN.
- G (3	الله الله		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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ithin is	bon /	_	GREEN bolt 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital of usual occupation (Kind of work done during most of working life; even if retired.) GREEN bolt Nursing Home Shipping Clerk	126 KAND OF BUSINESS OR INDUSTRY LUPS FEAN
o v		13a.	a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY UMITS? 13e. STREET AND NUMBER	-/
ecut	ake 4/		DC, Washingtony But 14911 YEA	-Place NE
Xe e	nen please remave car laval, and in any event	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	last
<u> </u>	ease and ii	160	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT , (501) Address	Omith
fical	9 'B		Yes, no. grunknawn) [If yes give wor ar dates of service] 577 07 8714 Thomas J Landan de Jan	mo on about
certi	Then remava	H	IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)),	APPROXIMATE INTERVAL
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The law requires that the death certificate be executed within attending physician.	ta bur	20	PART 2. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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The state of	for use Health	ERTIF	YES NO CONTRACT WAS UNDERSTANDED AND THE OF WHICH	
PHYSICIAN: e haspital ar	Fee			Ifem 18.)
rspii spii	t. of	MEDICAL	[If either, natify medical examiner] P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f, LOCATION Street or R.F.D. No. City or Town White Place of the	Caunty State
PH de h	Dep		White Not whee of work of work of work	3.077
ING + C	tate		22a. I certify that (I) (this haspital) attended the deceased from Taylor (my) (aur) apinion death occurred an the deceased alive an	, that (I) (we) last
ATTENDING stained by the stained by	the S		saw the deceased alive an	ate and haur and fram the
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L OR be re	ijed jied		OF THE PHYS DEGREE PHYS DIRECTOR PHYS.	17/83
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital or structure at the pagital propertion. After this continued	director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt		22d PHYSICIAN'S NAME (Type) RS-WILEL 19/11/2 22e ADDRESS 35/12/11/08/12/14	cow
HO:	la di la constante di la const	23a.	Ba. BURIAL, CREMATION, DEMONAL (Sec. 64) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town)	(Caunty) (State)
5 g 5	200 7	_	REMOVALSpecial 7-10-1968 New Cathedral Cem. Baltimore	Md
-	VR A15 (4)		A FUNERAL DIRECTOR Nalley Funeral Home Mt. Rainier, Md. DAT UL 1 1 1668 25b. RECYSTAR'S	SIGNATURE
	NAME OF A 13-50 (4.4	Marroy Punctar Home Mr. Rainter, Md. DAR.	Con Juckey







(NA)	1	MAKYLAND STATE DEPAKTMENT OF HEALTH
TO STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FUR STAIL	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALIH DEPI.		DECEASED-NAME First Middle Last 2a DATE KNOWN Month Doy Year 2b HOUR
loy is 13 to Page ent of		GEORGE LETSLE DEATH MATED JULY 4 1 M
deloy and 3 M3. Pa	3 5	ast birthelay) Months DATS HOURS Mills Month & Day
ny del cand p. and ma.	_	1 (W June 6 28 4 0485) July 4 1910013 2M
<u>a</u>	70	BIRTHPLACE (Stage or foreign 77 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
for for		Washingt It USH WIDOWED DIVORCED Prince George Md
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in penc! in Item 18 Give Poges 1, should be forwarded to the Chief Medical Exominer's Office olong with form files. 3 should be used as a buriol-transit permit. File pages Land with the State Deation, or removal, and in any event within 72 hours offer death.		NAME OF HOSP TAL OR INSTITUTION (If not hyphaspital like usual occupation (kind of work dame 12b. MAND OF BUSINESS OR governing most of working life even fret edd industry
Gry ong th ti	13a	USUAL RES DENCE (Witers deceased lived, if not tuten Residuce before) 3c CITY OR TOWN 13d. MISIDE CTY LIMITS? 13e. STREET AND NUMBER
rs after 18 Gru e olong 2 with death.	-	admiss an) STATE A C 136 COUNTY & USO Washing YES WO 3970 Pennsylvond
24 hours a in Item 18 r's Office ol	14	FATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle Lost
hin 24 ncl in uner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 9 3 / Planseyles
within pencil in xominer xominer ile page 72 hour	-{	Yes, no or unknown) fill you give you grant demonstration UNENDEUN 2 when he will be the first from the first
d wit in pe Exon File in 72		16 CAUSE OF DEATH (Enter only one couse per ligator (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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his certificate, writing e forword be used a removal,	CERTIFICATION	WAS PERFORMED?
		210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
KAMINER: T te the certific je 4 should b your files. oge 3 should cremation, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
All Share and a sh	ME	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of R.F.D. No. City of Town County State
EXAMINER: ute the cert oge 4 should your files. Poge 3 shou		WHILE NOT WHILE factory, office building, etc.)
L EXA cecute Poge for you R: Pog		22a I certify that I taak charge of the remains described obave, held an Autopsy , Inspection Inquiry and in my apinion
ICAL E e executor. Por ed for corticol. Corticol.		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner
please e director retained DIRECT or to bu		CHIEF MEDICAL EXAMINER 7-19-COL
y, ple eral di se rett RAL Di prior		SIGNATURE OUT OUT ALLOW M.D. ASSISTANT MEDICAL EXAMINER (226 DATE SIGNED
DEPUTY ressory, perfuncted moy be r FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER BY DATE OF DEPUTY MEDICAL EXAMINER BY
		NAME (Type) DAY 7521 O WATCH SADDRESS (Street, STYZ) of Sandry Bulls Dy
0 ± 20 ±	230	Burial (Remation 23b Date 23c Name of CEMETERY OR (REMATORY Jacksonville, Florida Jacksonville, Florida
	24	FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
VR A 15ME (5)		
10M REV 1/68		308 Suitland Rd. SE, Suitland, Maryland DATE UL 16 1968 Cliantes Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18500 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME funerol and 2 after death (Type or print) LYNN S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR HE JINDER 24 HRS 3 SEX 4 RACE Poges Toorsoffe lost birthday) MONTHS HONA YRS. certificate be executed within 24 hours COUNTY OF DEATH CITIZEN OF WHAT COUNTRY? 7a BURTHPLACE 8. MARRIED [NEVER MARRIED DIVORCED [WIDOWED rince d in ony event, within 72 and completely filled remove corbon paper 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR O CITY OR TOWN OF DEATH auring most of working ife, even it retired) INDUSTRY 13e. STREET AND NUMBER 13d. INSIDE CITY LIM TS? 13a USUA, RESIDENCE (Where deceased fixed, if institution Residence before 13c CITY OR TOWN admission) STATE YES X NO 7 14 FATHER'S NAME S MOTHER'S MAIDEN NAME FIRST Middle Middle Lost puo GAYNELL 160 WAS DECEASED EVER IN JS ARMED FORCES? 166 SOCIAL SPCURITY NO 17 INFORMANT Address Yes, no, ar unknown) I (III yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) signed by the attending buriol-transit permit. It buriol, cremation, or rela-BETWEEN ONSET AND DEATH attending PART I DEATH WAS CAUSED BY. requires that the death ARREST ARDIO-RESPIRATORY IMMEDIATE CAUSE (a) Conditions, if ony, which gove) IMMATURIT rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) use as the b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19g, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES X NO [for use. Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJRY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year director, page 3 should be detoched should be filed with the Stote Dept. of (If either, notify medical examiner) P.M. 2 d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) State 21f LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 31 July, 19 fax, to saw the deceased alive on 31 July 1968, and that in (my Rour) opinion deat and that in (my flour) opinion death occurred on the date and hour and fram the (we) (did) (did-not) view the body after death. couses stated above, (I) 22c DATE SIGNED 225 SIGNATURE MED DIRECTOR DEGREE 22e ADDRESS PHYS CIAN'S 22d Malcom Grow USA 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23g. BUR.AL, CREMATION 23b DATE (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68

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	* 44 592	CERTIFICA	ATE OF DEAT	H		001
1. PLACE OF DE a. COUNTY D. CITY OR TO	2/NCE GEORGE WN (if outside forporate times,	MARYLAND		YLAND	b. COUNTY PI	KINCH G
	L and give nearest town) OSPITAL OR INSTITUTION (if ne	of in hospital, give street address)		GSIDE MA		1 0. 15
PRINCE 3. NAME OF DECEASED (Type or print)			2I7 PINE	GROVE D	KIVE Month	Pey 1
MALE	6. COLOR OR RACE 7. WHITE W	MARRIED Z NEVER MARRIED VIDOWED VIDOWE	8. DATE OF BIRTH 10/16/ 191	4 53	(In years IF UNDER Months yrs.	RIYEAR, IF UND
Retin	WE	***************************************	14. MOTHER'S MAIDER	I11		U.S.A.
15. WAS DECEASE (Yes, no, or unkow	LUCAS ED EVER IN U.S. ARMED FORCES (If yes give wer or delease servi	ce)	INFORMANT EDNA LUCAS	217 PIN	Address F GROVE	DR MOF
LI 10	DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) DUE TO	Coronary 1	prombodi	2 -		ONSET AN
(e), steling t	he underlying DUE TO	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONT	PITION GIVEN IN PA	RT 1(e) 19. WA
QAVE rise to m (e), stelling to cause last. PART II. CO OR CONTRIBU (IF EITHER, NO	TWAS UNDERLYING CAUSE OF DEATH TIME CAUSE OF DEATH TO THE CAUSE OF DEATH TO THE CAUSE OF DEATH THE CAUSE OF DEATH THE CAUSE OF DEATH THE CAUSE OF DEATH	Db. DESCRIBE HOW INJURY OCCUI	RED. (Enter natura of injury in	Perf I or Perf II of ite	m 1B)	PER
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gave rise to m (e), stelling to cause last. PART II. CO 20e, ACC,DEN OR CONTRIBUTION (IF EITHER, NC 20c. TIME OF Hour 21. certification saw the de 22e, PHYSICI. NAME (DUE TO OTHER SIGNIF CANT COND.TIO OTHER SIGNIF CANT COND	20d. INJURY OCCURRED 20e. While et work et work attended the deseased from 1900., and the second sec	PLACE OF INURY (Home, for feedory, street, office bldg., etc., etc., and death occured as some phys., and death occured as some phys., and phys	1963 to 1963 to MED. DIRECTOR PH	m 18) wn) (C	ounty) 968, that (1) the date sta





o*	MARYLAND STATE DEPARTMENT OF HEALTH
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	CERTIFICATE OF DEATH
4 hours after death d in by the (Exercial) pers. Page 1 any 272 hours after death	1 PLACE OF DEATH O COUNTY O STATE DEPOSITE CONTROL OF STAY IN 16 DETY OR TOWN (If outside carporate mits), write RURAL and give nearest town) The Stay of the st
be executed within 24 hours and completely filled in by the remave carban papers. Pagin any event, within 72 hours	3 NAME OF DECEASED (Type or print) S SEX Female White Widdle A LBERTA Middle Lost 4 DATE OF DEATH JULY 2 3 19 68 8 DATE OF BIRTH 9 AGE (In years IFUNDER 1 YEAR IF UNDER 24 HE Female Widdle Lost 4 DATE OF DEATH 9 AGE (In years IFUNDER 1 YEAR IF UNDER 24 HE Female White Widdle Divorced 9 AGE (In years IGST birthday) Months Doys Hours Min
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that the death certificate on. by the attending bhystation fransit permit. The alease cremation, or removal, and	13 FATHER'S NAME Therbeit albeit young 14. MOTHER'S MAIDEN NAME Janie Dorenda Butter, young. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Address The Manager of Company of Compan
quires physici igned ourial-i	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (c) Land KNOWN PRIMARY INTERVAL BETWEEN ONSET AND DEATH DUE TO (c) UNKNOWN PRIMARY
IAN: The law related and an attending I ficate has been a far use as the E Health priar tate	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \(\bigcap \text{ NO } \)
3 2 5 2 5	PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. PERFORMED? YES NO (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. (County) (State)
DING PHYSICIA by the haspina After this certifi be detached f State Dept af f	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 40e PLACE OF INJURY (Hame, farm, form, foctory, street, affice bidg, etc.) 40e PLACE OF INJURY (Hame, farm, form, foctory, street, affice bidg, etc.) 40e PLACE OF INJURY (Hame, farm, form, foctory, street, affice bidg, etc.) 40e PLACE OF INJURY (Hame, farm, form, form, form, form, foctory, street, affice bidg, etc.) 40e PLACE OF INJURY (Hame, farm, form,
ATTENDING stained by th CTOR: After is should be d	21. I certify that (I) (this haspital) attended the deceased fram NOV. 1, 1947, ta. JULY 23, 1948 that (I) (we) saw the deceased alive an Live 23 1948, and that death accurred at 2 PM, fram causes and an the date stated about
DIRECTOR See 3	220 SIGNATURE 220 SIGNATURE ATTENDING IN MED. STAFF 226. DATE SIGNED 221. PHYSICIAN'S NAME (Type) THO MAS S. SAPPINGTON 22d. ADDRESS NAME (Type) THO MAS S. SAPPINGTON 2233 WISCINSIN AVE, NW, WASK, DO
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill	23d. BURIAL (REMATION, REMOVA. (Specify) 23b. Date THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Store) 23d. LOCATION (City or Town) (County) (Store)
VR A15 (4)	24 FUNERAL DIRECTOR DATE OF LINE ADDRESS 250 REC'D BY REGISTRAR'S SIGNATURE DATE UL 30 1968 Peliantes June



		. MARYLAND STATE DEPARTMENT OF HEALTH	
- 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	= 0
		CERTIFICATE OF DEATH	504
1.		CEASED NAME First Middle Lost 2a DATE OF DEATH ppe or print)	2b HOUR
L	(14	narres 0. Mandes July 6	8 10 A.M.
3	SEX	1 O B/ 2 lest highered wown	NDER I YEAR OF JINDER 24 HRS. HS DAYS HOURS MEN
	_	The menous with	
	o. Bl	IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY-OF DEATH	
L		Greece U.S.H. WIDOWED DIVORCED / hinch bland	gla Md.
10	0 (1	give street oddress)	KIND OF BUSINESS OR
17	1	Magnalia Jardens Home afired Corner &	estimant.
		USUAL RESIDENCE (Where deceased lived, if institution desidence before 136 CITY OR TOWN 13d INSIDE CITY JM 137 13e STREET AND NUMBER 13b. COUNTY 11ash. 1 C YES NO 14/6-15/16	Street
1	4 F/	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
L		Danetrious Mandes Unknown	
1	60 Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 1355 LANGUAGES of Service) 577-48-8026 7 Dr. James Mandes 11 chira to 2, 12	C. A. W.
-			APPROXIMATE INTERVAL
		18 CAUSE OF DEATH (Enter on y one cause per line far (o), (b), and (c)) PART DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
П		IMMEDIATE CAUSE (a)	a days
		Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	
	- 1	rise to immediate (ouse (o).	
		stating the underlying course DUE 10, OR AS A CONSEQUENCE OF lost.	
	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	-
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	CAT,ON	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSID	DERED IN CERTIFYING
	CERT.FAC	YES NO KAUSES OF DEATH?	
		21a, ACC DENT WAS UNDER, YING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	18.)
		(If either, notify medical examiner) P.M. 19	
	- 1	21d. INJURY OCCURRED While Not while of wark o	unty State
		22a 1 certify that (I) (this haspital) attended the deceased fram 7 - 4 - 28 , 19 , ta 7 - 6 , 196 saw the deceased alive an 7 - 4 , 196 saw the deceased alive and 196 saw the deceased alive a	_, that (I) (we) last
		saw the deceased alive an	nd haur and fram the
		22b-STSNATURE 22c, DATE	SIGNED
			6.68
L		22d. PHYSICIANS 22e. ADDRESS	
		NAME (Type) RAF not Refael C. Lee M.S. 426 Louing Con ST SE, Or	ON KLEF KID
2	3a		ounty) (State)
4			ATIME
43	(ment species of Glen gotor RUZLADDRESONCIA TIE. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN NIEN SUMMERO, GROON Silver Spring, 17d. DATE JUL 12 1968 KClion	les Judge
		DALDER SPRING, I'M. (SAIL JUL I LOUD A	Cold Musiking



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	. MARYLAND STATE DEPARTMENT OF HEALTH	
TO THE REAL PROPERTY.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR SYATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	, 0
HEALTH DEPT.	1 DECEASED NAME (Type or Print) OF ESTI-	Day Year 2b HOUR
ay is 3 to 3 to 11 of 11 of	Valle John Marie Death Mared 7	1 1968 M
d 3 d	3 SEX 4 RACE S DATE OF BIRTH 1 1 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD LOST INDUSTRIAL MONTHS DAYS MOUNTS MIN MARCH 7 DAYS	2d HOUR
PM3 Part mart	17 W Dec 5 19 2 4 3	Year 68 M
E Will g	7a BIRTHPLACE (SIGNE OF FOREIGN 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
For D te D	"Vergun USA W.DOWED DIVORCED Prince Dery	Md Md
death we Pages y with far the State		2b K ND OF BUSINESS OR
fter death Give Pages ang with fa ith the State	Mullery June Stores out marin worling	7000
s after death 18. Give Page a along with 2 with the Sta death	130 LSUAL RES DENCE (Where delepsed lived, if institution: Residence before 13c CITYOR TOWN 3d INSIDE UN 152 13e STREET AND NUMBER admission) STATE 13b COUNTY 13b CO	
178 ce de	The state of the s	per
Hours Item 13 Office	14 FATHER'S NAME First Middle Ruth Davis	Lost
24 in I lin	TO CONTRACT OF THE PARTY OF THE	-11-A1.
thin 24 mal in miner's pages haurs	166 NAS DECEASED EVER N. S. ARMED FORCES? (Yes, ng. ar ynknown) (Type five propriet angel sanste) 578-288440 Rolling Grant Honory 12 INFORMANT 13 INFORMANT 13 INFORMANT 14 INFORMANT 15 INFORMANT 15 INFORMANT 16 INFORMANT 17 INFORMANT 18 INF	oaken -
Exam Exam File	The state of the s	APPROX.MATE INTERVAL
ted : in	18 CAUSE OF DEATH (Enter only one cause per line-(or (a), (b), and (c)) PART DEATH WAS CAUSED BY.	BETWEEN ONSET AND DEATH
executed nding" in Medical permit nt within	IMMEDIATE CAUSE (a)	munyes
sit period	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF	
Chie	nse to immediate cause (a), (b) (course but of	
shauld be executed wif ie ward "pending" in pe ia the Chief Medical Exar burial-transit permit File in any event within 72	stating the under ying cause DUE TO, OK AS A CONSEQUENCE OF	
ta t	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	<u> </u>
This certificate should be executed within 24 hours cate, writing the ward "pending" in pencil in Item 18 be forwarded to the Chief Medical Examiner's Office is be used as a burial-transit permit File pages 1 and 2 in remayal and in any event within 72 hours after d	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR. BUTTON REDAILS TO THE TERMINAL DISEASE OF CONDITION STATE IN PART ((d)	
certifi arware used (maval	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
forv forv emc	190 DATE OF OPERATION 190 DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21.6 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Iter	YES NO 17
INER: This certificate shauld be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along with far files. 3 should be used as a burial-transit permit File pages land2 with the State lation, or remayal and in any event within 72 haurs after death		m 18)
NER: Ti certifica hauld by lles. shauld stian, ar	PRIMARY OR CONTRIBUTING HOUR A.M GAUSE OF DEATH P.M 19 Zold INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. Ma City or Town	
AINER: he cert shaul files. 3 shar natian		County State
T = 0 =	WHILE NOT WHILE foctory, office building, etc.)	
	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinion
CAL For For E	death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
JIY DIC.	CHIEF MEDICAL EXAMINER	7-168
	SIGNATURE Wash OWalker MD ASSISTANT MEDICAL EXAMINER 226 DATE SI	IGNED 6 1 1/2
cessary, per funeral may be r Funeral price	EXAMINER'S DEPUTY MEDICAL EXAMINER 35/800	mapalions
To DEPUTY SICA necessary, please e the funeral director 5 may be retained for FUNERAL DIRECT Health prior to bu	NAME (Type) DAY TONO WATICIN DDRESS(Street, city town, or county) Bead	lusting to
ちにキッちょく	DC 11/01/11 5 1-1	(County) (State)
05	1/5 00	
VR ATSME (5)	wilneim runeral home	GNATUKE
10M REV 1768	4308 Suitland Road, SE, Suitland, Maryland 11 1968 Clearle	o Judge
V		0



DIVISION OF VITAL RECORDS, 301 W: PRESTON STREET, BALTIMORE, MARYLAND 21201	, M
CERTIFICATE OF DEATH	
Type or print) I DECEASED-NAME (Type or print) Mary Middle Middle Mc Grade Cor Death Month Doy 75	2b. HOUR
(Type or print) MARY M Mc GR. F. G. K. Month Doy 5	1968/0/AM
4 RACE White S. DATE OF BIRTH 6 AGE (In years IF UND MONTH)	IDER I YEAR F JINDER 24 HPS HS DAYS HOURS MIN.
FEMALL CTTCC. 17/28-1879 88" YRS.	
70. BIRTHPLACE (Stote or foreign Country) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Maryland A WIDOWED DIVORCED IN KIRCE CECRE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2 120. USUAL OCCUPATION (Kind of work done 12b) 12. USUAL OCCUPATION (Kind of work done 12b) 13. WIDOWED DIVORCED DIV	b KIND OF BUSINESS OR
Type or print) A RACE White S. DATE OF BIRTH TAS — 1879 TO BIRTHPLACE (Stote or foreign country) TO BIRTHPLAC	Own Home
13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13a INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE	Ė .
odmission) STATE 136 COUNTY ProGeo's BERMShire YES M NO 7318 ENSLY	· 37.
14. FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	Last
	Bowis
160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or deles of service) 160 SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (If yes give wor or deles of service) 160 SOCIAL SECURITY NO. 17 INFORMANT Miss Grace M. Wood-Same as	Item 13-6
18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c).) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove inse to immediate cause (o), stating the underlying cause (o). Stating the underlying cause (o). PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ACUTE CORONARY Thrombosis	20 min
Due to, or as a consequence of	. /
Canditions, if any, which gove inse to immediate cause (a), (b) ARTERIO SCIERGTIC HEART SISEASE	10 YRS.
Canditions, if any, which gove itse to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	•
is is in the second of the sec	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
20 DATE OF DEPARTION LIGH CONDITION FOR WHICH OPERATION WAS DEPENDED. JOB AUTODOS 2016 IS VEC MEDIC CONDITION CONCERNS	EDED IN CEDTIEVING
20d. AUTOPSY? 20d. AUTOPSY? 20d. AUTOPSY? 20d. AUTOPSY? CAUSES OF DEATH?	ERED IN CERTIFYING
WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18 CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (t).) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove inset to immediate cause (a), stating the underlying cause (b) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) YES ON AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) YOU DO NOT THE PROPERTY OF PART 2 OTHER SIGNIFICANT CONDITIONS FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OF CURRED (Enter nature of injury in Part 2 treen its	
90 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20d. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? YES NO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OF HOUR A.M. Manifi Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 11 and 12 and 13 and 13 and 14 and 15 and 15 and 16 and	
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90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES NO CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORATH HOUR A.M. Manth Day Year 19 CAUSE OF INJURY OCCURRED (Enter nature of Injury in Part) or Part 2, Item 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21d INJURY OCCURRED (Injury in Part) or Part 2, Item 19 21d INJURY OCCURRED (Injury in Part 2, Item 19 21d I	State S, that (1) (we) last and hour ond from the
90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING OF COUNTRIBUTING OF CONTRIBUTING OFFICE BUILDING, ETC. 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 HOUR A.M. Manth Day Year IP 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 OFFICE BUILDING, ETC. 217. Location Street ar R.F.D. No. City or Town Countries and the deceased of the deceased from 1962, and that in (my) (eur) opinion death occurred on the date on causes stated above; (i) (we) (did) (did not) view the body after death. 226. ADDRESS 226. ADDRESS 227. DATE S 228. ADDRESS 228. ADDRESS 228. ADDRESS 229. ADDRESS	State S, that (1) (we) last and hour ond from the
PO DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 201. ACCIDENT WAS UNDERLYING 216. TIME OF INIJARY HOUR A.M. Manth Day Year 199. And The operation of the deceased of the operation of the operation of the operation was performed 200. AUTOPSY? YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INIJARY HOUR A.M. Manth Day Year 199. And The operation of th	State S, that (1) (we) last and hour ond from the
21b. TIME OF INJURY 21c. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF CATH	Signed Signed
21b. TIME OF INJURY 21c. ACCIDENT WAS UNDERLYING Open consideration Post Open content of the content of	g, that (1) (we) last and hour and from the signed (State) (State) (State) (State) (State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20 DATE OF DEATH 25. HOUR deoth ond (Type or print) John McKnight July 10 AM F JNDER 24 HRS 3. SEX 4. RACE S DATE OF BIRTH IF LINDER ILYEAR 6 AGE (In years within 72 hours aft lost hintndoy) Male White 13 April 1902 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED IN NEVER MARRIED country) Maryland DIVORCED [Prince George's U.S.A. WIDOWED [attending physician ond completely filled permit. Then please remove carbon pape 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR The law requires that the death certificate be executed within give street oddress) 6207 during most of warking life, even if retired)
Chief Eng. U of Md. Riverdale 44th. Ave. event, 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland 136 COUNTY Pr. Geo. YES 📑 Riverdale 6207 - 44th. Avenue burial, cremotion, or removal, and in any 14 FATHER'S NAME First * Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Robert McKnight Anni e Meun 16b SOCIAL SECURITY NO. 17. INFORMANT Maryland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (If yes give wor or dates of service) Yes, no, or unknown) - 1432 Margaret McKnight-6207-44th. Ave., Riverdale 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART | DEATH WAS CAUSED BY Bronchogen: BETWEEN ONSET AND DEATH Bronchogenic carcinoma with metastasis to brain signed by the attendir buriol-transit permit. 2 yrs. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove t rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pulmonary emphysema this certificate has been be detached for use as the Stote Dept. of Health prior to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? NO 🖂 YES 🖂 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street of R.F.D. No 21d INSURY OCCURRED City or Town Store County While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (*** attended the deceased from 14 July 19 59, ta6 July 19 68, and that in (my) (sur) apinian death accurred an the date and haur and from the causes stated abave, (i) (208) (did) (did) (did) (did) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** director, poge 3 should be filed v 6 July 1968 DEGREE PHYS. DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIAN S William B. Gunther, M. D. 4917 Edgewood Road, College Park, Maryland 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23o. BUR AL, CREMATION, (County) (State) REMOVAL (Specify) LOUDON PARK CEMETERY BALTIMORE MARYLAND 7/10/68 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE F. GASCH'S SONS HYATTSVILLE, MD. 1968 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First 20 DATE KNOWN Month Yeor 2b HOUR detay 1. nd 3 ta (Type or Print) OF. ESTI ᇹ 500 DEATH MATED S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3 SEX 4 RACE 2d HOJR P.M.3 C Zyps MONTHS CAYS HOURS 7a BIRTHPLACE (State, or foreven MARRIED NEVER MARRIED 9 COUNTY OF DEATH W DOWED Give Pages ofter death S 10 CITY OR JOWN OF DEATH 11 NAME OF HOSPITAL ON INSTITUTION (f not in hospital 120 USUAL OCCUPATION (Kind of work done during plast) working I be even if retired) 126 KIND OF BUSINESS OR Office along with with 130 USJAL RESIDENCE (Where deceased I ved, if instruction Residence before 13c CITY OR 13b. COUNTY odmission) STATE land 2 Irem 1 ofter 14 FATHER'S NAME Middle .⊑ hours should be forwarded to the Chief Medical Examiner's pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? within pencil (Yes, ngar unknown) I I ves dive war or dates of service) FILE ⊑ within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) permit. BETWEEN ONSET AND DEATH "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF urial-transit Candit ans, if any, which gave rise to immediate couse (a) writing the word should OR AS A CONSEQUENCE OF stating the underlying cause Ξ and certificate PART 2 OTHER S.GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 OS removal, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICAT WAS PERFORMED? icate, YES [NO Z ö 21g EXTERNAL CAUSE WAS 21b. TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF IN. JRY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County foctory, affice building, etc.) Page WHILE NOT WHILE AT WORK burial, 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my apinian director. death resulted from Notural causes Suicide Hamicide Undetermined manne CHIEF MEDICAL EXAMINER tuneral SIGNATURE may Health NAME (Type ADDRESS(Street, city, town, or county) 116 50 23o BURIAL, CREMATION 23d LOCATION (City or (County) (Stote) 24 FUNERAL DIRECTOR 25a RICD BY REG STRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME [5] 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH Middle last 25. HOUR 1. DECEASED-NAME First Month 9 (Type or print) Raby Boy Meredith Ju₁v 4:03Pm 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3 SEX Male Caucasian July 7, 1968 the ottending physician and completely filled in by the strength of the please remove corban papers. Pagest permit. within 72 haurs PHYSICIAN: The low requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED Prince George's Mary Land

10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR oive street oddress)
Prince. Geo.Gen'l Hospital during mast of working life, even if retired.) INDUSTRY Cheverly burial, cremation, or removal, and in any event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland YES NO George's Bowie 12211 Millstream Brive 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle David Meredith Barbara Ewell 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, po or unknown) None Hospital Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the ottendir buriol-transit permit. IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate couse (a). Page 4 may be retained by the hospital or ottending physicion. stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) FUNERAL DIRECTOR: After this certificate has been Pulmonary Distress syndrome due to Prematurity 1640 grams: Atelectasis Neonatorum.

190. DATE OF OPERATION | 190. CONDITION FOR WHICH OPERATION WAS PERFORMED | 200. AUTOPSY? | 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a | certify that (I) (these parties) oftended the deceased from July 7, 1968, to July 9, 1968, that (I) (we) last saw the deceased alive on July 9, 1968, and that in (my) (eyr) opinion death occurred on the date and hour and from the couses stated above, (I) (see) (did) (taken) view the body effect death. 22b. SIGNALURI 22c DATE SIGNED ATTENDING MED DIRECTOR director, poge 3 should be filed v July 9, 1968 DEGREE 22d PHYSICIAN'S 22e. ADDRESS John H. Moling, 12107 Linden Lane, Bowie, Md. 20715 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23g. BUR AL CREMATION. 23b DATE (County) (Stote) TREMOVAL (Spenty) 7-11-1968 New Cathedral Cemetery Baltimore. 24 FUNERAL DIRECTOR 2So. REC D BY REGISTRAR Talley Funeral Home Mt. Rainier, Md. DATE ...





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 1. DECEASED-NAME First Last The law requires that the death certificate be executed within 24 haurs after death Miller. (Type or pnnt) Nancy I. 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 1 YEAR 1-14-96 Van papers. Pa within 72 haurs 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED 🔀 NEVER MARRIED completely filled in b nave cartan papers. country) Virginia Prince George's USA WIDOWED DIVORCED [7] TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work dane 126 KIND OF BUSINESS OR give PPPPMEN George's Hospitalduring mortely ng life, even if retired) INDER Bre Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 3e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Md. 13b COUNTY Kent Village YEX NO□ 7216 Hawthorne Terrace director, page 3 shauld be detached far use as the burial-transit permit. Then please reha should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in an 14. FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle First Price Moore 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, ar unknown) NO (If yes give war or dates of service) Percy C. Miller, Same as #13 (Husband) 577014228 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line foc.(a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the attendir burial-transit permit. Conditions, if any, which gove; rise to immediate couse (a), DUE TO, OR AS stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 2To ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY or contributing Cause of Death (If either, notify medical examiner) Manth Day Year HOUR A.M. 21d NUJRY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at wark 220. I certify that (I) (this hospital) oftended the deceased from 1990, ta 700, 1990, ta 1990, that (I) (we) lost saw the deceased olive on 1990, and that in (my) (our) apinion death occurred on the dote and hour and from the couses stated above, (I) (we) (did) (did) (oil) you) view the hody after death. 22b. SIGNATUR 22c DATE SIGNED PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 5701 85th Ave., New Carolton, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) (Stote) 230 BURIAL CREMATION REMOVAL (Specify) 7-30-68 Cedar Hill Cemetery Suitland, Maryland 0 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral Home DDRESS 2Sa. REC'D BY REGISTRAR 1968 4308 Suitland Rd. SE, Suitland, Maryland DATEALIG



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 10513 1. DECEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) and Month 680 Jean (nmn) Milligan .20AM 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) Female White 30 June 1896 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled the by-radirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 hours 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 24 hau country)Scotland U.S.A. WIDOWEDXXX DIVORCED [Prince Georges 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH II NAME OF HOSP TAL OR INSTITUTION (It not in baspital 12b KIND OF BUSINESS OR The law requires that the death certificate be executed within give street oddress)
Pr. Geo. Gen. Hosp. during most of working life, even if retired) INDUSTRY Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. INSEDE CITY JIM TS? 13e STREET AND NUMBER 13b COUNTY odmission) STATE Maryland YES Hvattsville 43rd Ave IS MOTHER'S MAIDEN NAME First Lost Middle Boyd Bryson Helen Wilson Mr. Alexander Milligan 13109 Flint Rock Dr Calverton, Beltsville, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 577-26-5434 Yes, no, or unknown) Nο 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Heart failure. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Arteriosclerotic Heart Disease. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES XX NO [TO HOSPITAL OR ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 181) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City of Town County State While Not while at work 22a. I certify that (I) (this position) attended the deceased from 19 19 19 to 111 9, 1968, that (I) (eye) last saw the deceased drive an 111 9, 1968, and that in (my) (soc) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (di 22b. SIGNATURÉ 22c DATE SIGNED XXX MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince George's Plaza, Hyattsville, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d .OCATION (Cty of Town) (County) (Store)
Colmar Manor Pr. Geo. Md. 230 BURIAL CREMATION. Burnam (Specify) July 12, 1968 Ft. Lincoln Cemetery 1968 REGISTER CONTRACTOR 250 RECD BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Francis Gasch's Sons Hyattsville, Md.



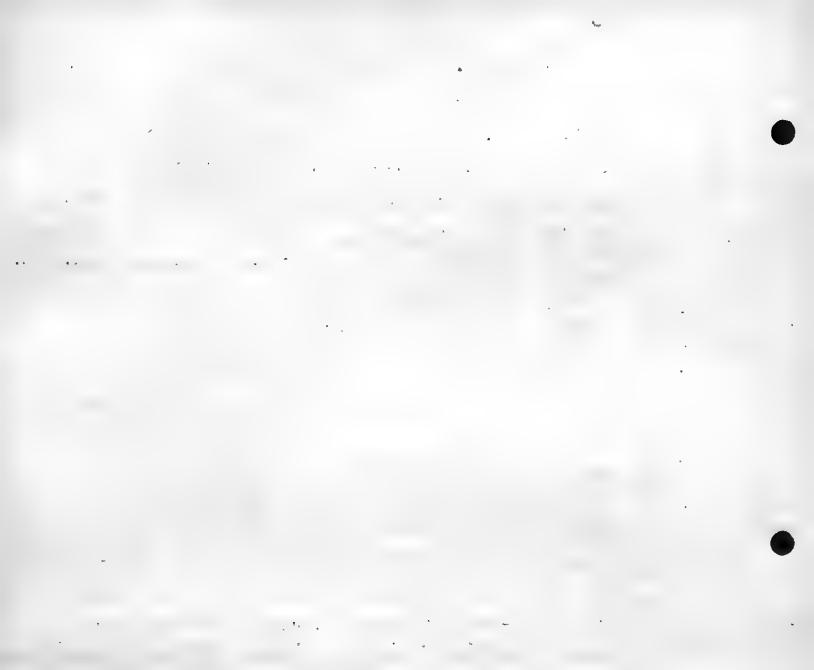
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DERT I. DECEASED NAME First 20 DATE KNOWN Z Month Year (Type or Print) ESTI DEATH MATED IF UNDER 1 YEAR IF JNDER 24 HRS 4 RACI AGE (In years 2c. DATE PRONOUNCED 3. SEX 2d HOUR last birthday) MONTHS 5 YRS 5 Dd 70, BIRTHPLACE (State or foreign MARRIED LINEVER MARRIED 06 WIDOWED State **Give Pages** Office along with OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work dane 026 KIND OF BUSINESS OR with 1 13e. STREET AND NUMBER death (Where deceased I ved, finstitution, Residence before admission) STATE 13b COX and 2 Item] after 14. FATHER'S NAME First Middle Last icate, writing the ward "pending" in pencil in be forwarded to the Chief Medical Examiner's pages haurs IAB SOCIAL SECURITY NO. INFORMAN (Yes-no-or unknown) (If yes give way or dates of service) £ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any/which gave rise ta immediate cause (a), any writing the ward certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 00 removal, nsed 20 AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NO / the certificate, 210 EXTERNAL CAUSE WAS 5 21b TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) 3 should shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy and in my apinian Inspection L Inquiry | director. death resulted fram: Accident Suicide Hamicide Undetermined manner Natura: causes please CHIEF MEDICAL EXAMINER prior **ACTUAL** ASS STANT MEDICAL EXAMINER FUNERAL the funeral O FUNE Health **FXAMINER'S** Mul ADDRESS(Street, city, tawn, ar caunty) NAME (Type) BURIAL CREMATION REMOVAL (Specify) 25a REC D BY REGISTRAR 2Sb REGISTRAR S SIGNATURE 1968 VR A15ME (5) 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle lost 2g. DATE OF DEATH 2b. HOUR (Type or print) Month Eleanora Jul.v Ramona Mov S. DATE OF BIRTH IF UNDER 1 YEAR 4. RACE 6 AGF (In years IE UNDER 24 HRS 3 SEX lost birthdoy) Female White August 4, 1887 burial-transit permit. Then please remave carbon papers. Pag burial, cremation, ar remaval, and in any event, within 72 hours ificare be executed within 24 haurs 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8 MARRIED T NEVER MARRIED District of Columbia United States DIVORCED [WIDOWED F Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) give street address) **INDUSTRY** Hvattsville Sacred Heart Home Homemaker 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN PRACTING OF CUTY TRAUTS? 13e STREET AND NUMBER 13b. COUNTY YES X NO T 7151 Cipriano Road Prince Lanham Middle 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Alice Mary Russell Theodore Marsh Hardy 17. INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO I (If yes give war or dates of service) Yes, no. or unknown) Sacred Heart Home, Hyattsville, Maryland 219-547-7769 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSECUENCEZO Conditions, if any, which gave: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SEGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shaved be detached far use as the shauld be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 NO Tak O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town County State 21d INJURY OCCURRED While Not while at work 22a. I certify that (4) (this haspital) attended the deceased from 1966, and that or (my) (aur) aprinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIG 22b. SIGNATURE **ATTENDING** MED. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S Woodlawn, Thomas G Maloney Md. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMATION, REMOVAL (Specify) Washington D C Mt Olivet Cemetery 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR VR A15 (4) Hyattsville, Md. F. Gasch's Sons 30M REV 1/68 DATE JUL

and the same of th		DIVISI	ON OF VITAL REC	ORDS, 301 1	W. PRESTON STREET, BALI	TIMORE, MARYI	LAND 21201		H 4 . 1	
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HEALTH DEPT	1. D	ECEASED-NAME F	421	Middle			2a DATE KNOWN	Manth Do	y Yeor	2b. HOUR
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26.00	3. S	X 4. RACE	S DATE OF BIRTI	1	6 AGE (In years I F UNDER I YEAR	IF UNDER 24 HRS	2c DATE PRONOUNCED	DEAD		2d HOUR
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to to te	0 (ITY OR TOWN OF DEATH	1 NAM	AE OF HOSP TAL	OR INSTITUT ON (If not in haspital	12a. USUAL OC	CCUPAT ON (Kind of wor	k dane 121	b, KIND OF BUS	INESS OR
ofter deoth any deloy is 8 Give Pages 1, 2, and 3 to olong with form PM3. Page with the State Department of Jeoth.		Clinton	give str	eet address)	Clinton Hosp.	dur ng gradt o	working lite, even if	ethed) IM	SUSTRY CS A	EUVIF
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s offer 18 Gir olong with death.	0	Imission) STATE Md	13b COUNTY	nce Geo	orge Clinton	YES BOND	8522 Del	ano Dr	ive	
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		WAS DECEASED EVER NUS ARM	ED FORCES?	66 SOCIAL SECUI	RITY NO. 17 INFORM	2 44	, (- 'R9/Y	9 [1)	CRF	MA
within pencil yomine 72 hou	{2	es no prinknawn) (if yes	give war or dates of service 200	· * · · ·	- JOE	E MIN.	DD.	Mhore		7111 12
		18. CAUSE OF DEATH (Enter	anly one cause per line	: e far (a), (b), an	d (c).)				BETWEEN ONSET	AND DEATH
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X Page 1				S A CONSEQUEN	CE OF					
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vord vord ne Ch al-tro		stating the underlying caus		S A CONSEQUEN	CE OF					
sho th o		lost	(c)							
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(AMINER: ie the certifie the certifie 4 should rour files. oge 3 shourcremotion,	22,	WHILE NOT WHILE AT WORK AT WORK	e PLACE OF INJURY (Ar factory, office building,	etc.)	eet, 211 LOCATION STEET		north of Su			
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EPC SSSO Fun fun JNE ITh		EXAMINER'S NAME (Type)	John Kehoe,	MIN	/	DRESS(Street, city, to		1-2	,1-00	
TO DEPUTY DICTOR IN THE FORMAL DICTOR IN THE FORMAL DIRECTOR IN FUNERAL DIRECTOR Health prior to b	230	BURIAL, CREMATION 2	3b DATE	23c NAM	E OF CEMETERY OR CREMATORY		LOCATION (City or Town	n) a (Ca	2) (yfnyc	tate)
	I.	REMOVAL (Specify)	7-25-1968		DETERS	11	101 Prof	chail	las . I	nd
()A	24	FUNERAL D RECTOR			DRESS	2Sa. REC D BY RE	GISTRAR 255 REG	GISTRAR S SIG	NATURE	
VR ATSME S 1 4	-	Wuntt Fi	INFRAL H	ome (1)	M/Last Mi)	DATE 1111 O	c 1968 0	Clearl	a luck	J.C.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH per in bythe funeral person of 2 merch 20. DATE OF DEATH 1. DECEASED-NAME Eirst Middle 2b. HOUR 24 haurs after death (Type or print) Charles Mullen Month 7 2 Day July W. 4 RACE S. DATE OF BIRTH 6. AGE (In years TE JNDER 1 YEAR IF LINDER 24 HRS lost birthoay) Hay 13 1908 White Mala 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED | NEVER MARRIED | country) Wash, D.C. Prince Georme's U.S.A. WIDOWED 12 DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUA, OCCUPAT ON (Kind of work done 2b KIND OF BUSINESS OR PHYSICIAN: The low requires that the death certificate be executed within Typestree address tenhouse St. INDUSTRY, a.r. quired most of morking ife even it retired) remove corbon Hyattsville removal, and in any event, 130. USUAL RESIDENCE (Where deceased fived, if institution Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Geo. Hvattsvi 713 Rittenhouse St. 14 FATHER'S NAME Lost 15 MOTHER'S MAIDEN NAME First Middle Middle Charles Mullen Nellie Flahortv 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no or unknown) 01 0947 Nellie Mullen 713 Rittenhouse APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Carcinomatosis IMMEDIATE CAUSE (o) ____ the atte buriol, cremotion DUE TO, OR AS A CONSEQUENCE OF Adenocarcinoma Stomach Conditions, if ony, which gove) Page 4 may be retained by the haspital or attending physicion. **0 FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transit nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19à, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES X NO I Yes 21a. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. filed with the Stote Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21+ LOCATION Street or R.F.D. No. 21a. INJURY OCCURRED City or Town Stote County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from _______, 1956__, to ______, 1966__, that (I) (we) lost sow the deceased alive on _______, 1966__, and that in (my) (our) opinion death according to the date and hour and from the couses, stated above, (1) (well(did) (did not) view the body after death. DATE SIGNED 22h SIGNATUR ATTENDING director, page 3 should be filed 22d PHYSICIÁN'S 22_B. ADDRESS NAME (Type) 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL CREMATION (Stote) (County) REMOVAL (Specify) Washington, D.C. 0 7-15-1968 Mt Olivet Cemetary 25b REGISTRAR'S SIGNATURE Mt. Rainier, Md 25a, REC D 8Y REGISTRAR 24. FUNERAL DIRECTOR Funeral Home VR A15 (#) Malley 1968 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First 20 DATE OF DEATH executed within 24 hours after death (Type or print) Month 7 Leo J. Myzick (Mozdziak) 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last_bighday) male white Dec. 19, 1919 7a BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Pa. S Prince George's WIDOWED | DIVORCED [burial-tronsit permit Then please remove carbon puper burial, cremation, or removal, ond in ony event, within 72 etely filled 11 NAME OF HOSPITAL OF INSUIND ON TRANSPORTED TO HOSPITAL OF INSUINCE OF HOSPITAL OF INSUINCE OF INSUI 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR Prince George General during and else working the age in the tired) Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3e. STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE Md. 136 COUNTY College Park E 10101 52nd Avenue and comit 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Myzick Joseph Stella Klimchak requires that the death certificate 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 7 INFORMANT Yesing arunknawn) (If yes away way or dates of service) 207-03-8484 Emma J. Myzick Same as #13 APPROXIMATE INTERVA 16 CAUSE OF DEATH (Enter any one cause per me for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HemoRehilge IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to 3 30 X 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES V NO 🖂 this certificote 210. ACCIDENT WAS UNDERLY NG 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN Poge 4 moy be retained by the hospitol TO FUNERAL DIRECTOR: After this certifica OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, not fy medical examiner) (AT HOME, FARM STREET, FACTORY) 216 LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town State County While Mat while p 220 | certify that (1) (this hospital) attended the deceased from 1-10 , 1968, ta 7-12 , 1968, that (1) (we) tast saw the deceased alive an 7-1 1968, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22¢ DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN'S Prince George Plaza Hyattsville, Md. NAME (Type) Aaron Deitz, M. D. 23o BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BEMOY/1 # decify) 7/15/68 Silver Spting Montg. Gate of Heaven Md. ADDRESS 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Maryland

Burial 7/15/68 Gate of Heaven

Silver Spting P.G.

Md.

Framis Gasch's Sons Hyattsville, Maryland

	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	20019
(IVI)	CERTIFICATE OF DEATH	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspiral or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. A should be filled with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 72 hours	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	em 18.)
PHYSI he hasp this cer erachec	21d INJURY OCCURRED While at work at work	County State
enDING ed by t t: After ild be d he State		68_, that (I) (xxx) last e and havr and fram the
RECTOR 3 should with t		ATE SIGNED
PITAL C may be RAL DI r, page be filed	22d. PHYSICIAN'S NAME (Type) Peter Duus, M. D. 22e ADDRESS 6056 Central Ave., Capitol	Hots Md.
O HOSPITAL Page 4 may O FUNERAL I director, pag	Bo BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) **X*********************************	(County) (State)
VR A15 (4) 30M REV. 1/68	Lee Funeral Home Wash.D.C. 250. REC'D BY REGISTRAR 250 REGISTRARS S DAUL 10 1968	DOMAT IDS



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FOR STATE	Item#8, FilmGhOh 9/2MEDICAMEXAMINER'S CERTIFICATE OF DEATH
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v 0 8 7 8	(Type or Print) David E Norleen OF ESTI- DEATH MATED 7 20 1568 p
deloy and deloy	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 24 HOUR
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s after 18. Gri olong with death.	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d IMSDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b, COUNTY 13b, COUNTY 15c 17c 17c 17c 17c 17c 17c 17c 17c 17c 17
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24 hours In Item 13 S Office S Tond 2	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Andred Norleen Hatilda?
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hin 24 her's hears hours	16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, qq, or unknown) (II yes give wor or dates of service) 7000 077 0770 077 0770 077 0770 077 0770 077 0770 07
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rifica ordec d os d os	Fracture of neck of right femur 30 April 1968 190, DATE OF OPERATION 190 CONDITION 190 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
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This certificate she icate, writing the who be forwarded to the debe used as a burn or removal, and in	190. DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION 196 COND T ON FOR WHICH OPERATION 196 COND T ON FOR WHICH OPERATION 20 AUTOPSY? 2 May 1968 WAS PERFORMED Intertochanteric fracture rt femur YES NO 2
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INE shore strong strong atro	21d INJURY OCCURRED 21e PLACE OF INJURY (At name, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote
bical Examiner: se execute the cerri- rctor. Poge 4 should ned for your files. ECTOR: Poge 3 shoul	21d INJURY OCCURRED 21e PLACE OF INJURY (At nome, form, street, fordory, office building, etc.) Home 21f. LOCATION Street or RFD No City or Town fordory, office building, etc.) Home 4510 Yates Rd., Beltsville, Md.
DEPUTY DICAL EXAM Ressory, please execute the e funeral director. Page 4 may be retained for your FUNERAL DIRECTOR. Page	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry 🔻 and in my apinion
ICAL E executor. Po ed for CTOR: burnol,	death resulted frago: Notinal causes , Accident , Suicide , Hamicide , Undetermined manner
pleose director retoined or to b	CHIEF MED CAL EXAMINER
JTY, ple erol di be reft prior	ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER 226, DATE SIGNED
Ory, nerry be FRA	EXAMINER'S John Kehoe, M, Riverdale, Md. DEPUTY MEDICAL EXAMINER & 7-21-68
TO DEPUTY DICA necessory, please ex the funeral director. 5 may be retained TO FUNERAL DIRECTO Health prior to bur	NAME (Type) ADDRESS(Street, city, town, or county)
TO DEPU necessor the func 5 may b TO FUNE Health	230 BURIA, CREMATION, 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (C.ry or Town) (County) (Stote)
	Burial 7/24/68 Turlock Memorial Park Came. Turlock, Calif.
	24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. ADDRESS 250 REC'D BY REGISTRAR 25D REGISTRAR 3 SIGNATURE DATE JUL 2.5 1968 Charles July 2.
VR A15ME (5) 10M REV 1/68	F. Gasch's Sons Hyattsville, Md. DAH JUL 25 1968 Schools Judge
JWV	





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	deoth.			CEASED NAME First ype or print) Ce1sc	Midd	Paol	lost 1	July Mo	nth 17 Day	^{Уеог} 68	2b. HOUR
A CONTRACTOR OF THE PARTY OF TH	offer of the contract of the c		3 SE	X Male	4 RACE White		5. DATE OF BIRTH 5-24-96	6 AGE	(*n years pirthday) YRS		HOURS M.H.
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(physician please		lóa. Y	WAS DECEASED EVER IN U.S. ARMED estyles or unknown) (If yes give wor or	FORCES? 16b SOCIAL:			ife) Paoli (Same	Address as #13))	
19	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper should be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72	X	MEDICAL CERT FICATION	1963 Ca. 210 ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF GATH (If either, notify medical examiner)	DUE TO, OR AS A CONSEQUENCE (C) DUE TO, OR AS A CONSEQUENCE (C) TONS CONTRIBUTING TO DEA TONS	UENCE OF UENCE OF TH BUT NOT RELATED TO WAS PERFORMED OV Year 19 15 STREET, FACTORY.) 21 F Le deceosed from 19 19 19 19 19 19 19 19 19 1	20g. AUTOPSY? YES N OW INJURY OCCURRED OCATION Street or R.F.I d that in (my) (our death.	20b IF YES, W CAUSES OF DEA (Enter nature of injury in Po	ere FINDINGS COUNTY? If I or Part 2, 1 I ged on the do	ONSIDERED IN CER	State (1) (we) last
	Page 4 O FUNI directe	C.	230	BUR AL, CREMATION, 23b. DAT REMOVAL POLICY 7-2		NAME OF CEMETERY OR		23d LOCATION (City Prince Ge		(County)	(State)
	VR A15	(2)	24. 4-3	FUNERAL DIRECTOR Wilhelm 08 Suitland Rd.	Funeral Hom	ADDRESS	2Sa. Ri	EC'D BY REGISTRAR 2S	REGISTRAR S	SIGNATURE	- Janu



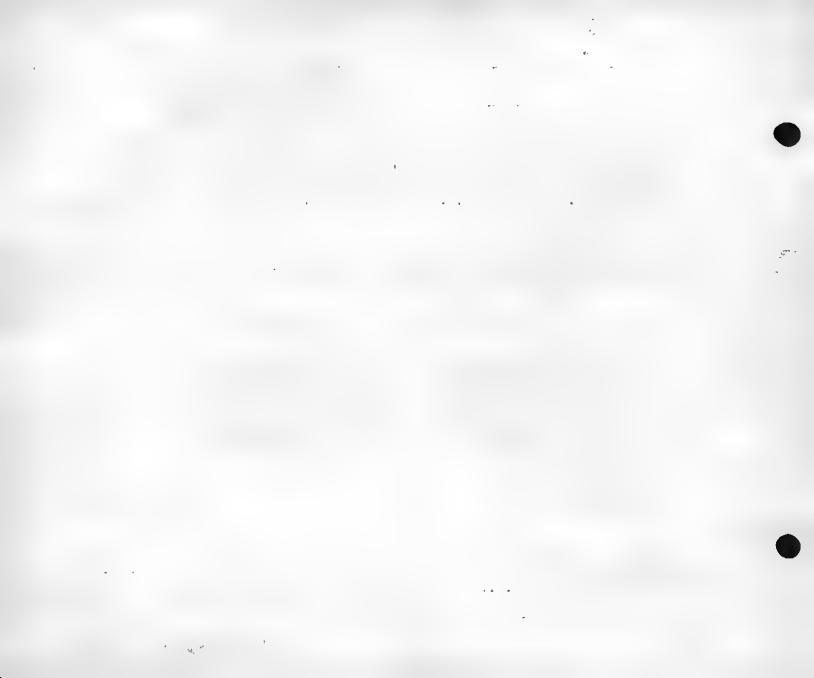
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle Lost 20 DATE KNOWN THE Month 2b HOUR Year (Type or Print) a di DEATH MATED 9 IF LINDER 24 MRS 3. SEX 4 RACE S. DATE OF BIRTH AGE (n years and 39 Year YRS 9 COUNTY OF DEATH 70 BIRTHPLACEM(State or foreign MARRIED NEVER MARRIED W.DOWED [DIVORCED F 10. CTY/OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUT ON All Aut in hospital (Kind of work done GIVe death. 130 USJA, RESIDENCE (Warde deceased lived, if institution, Residence before) odmission) STATE 135 COUNTY penct in Item 18 the certificate, writing the word "pending" in penct in Item 18 4 should be farwarded to the Chief Medical Examiner's Office be executed within 24 hours l and 2 ofter 14 FATHER'S NAME TS MOTHER'S MAIDEN NAME Middle Lost pages haurs 17 INFORMANT (Yes, per or unknown) 1 APPROX MATE INTERVAL within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (t)) BETWEEN ONSET AND DEATH permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF **burial-transit** Conditions, if any, which gove rise to immediate couse (a), certificate should any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ pup PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR (ONDITION GIVEN IN PART 1(o) О 0.5 remayal CERTIFICATION 190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item, 18) 3 shauld HOUR A.M PRIMARY OR CONTRIBUTING cremation, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street of R F D County Stote FUNERAL DIRECTOR: Page NOT WHILE Inspection 🔽 Inquiry 1 and in my apinian Suicide 💆 death resulted from Natural causes Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE/ DEPUTY MEDICAL EXAMINER **EXAMINER'S** May Health ADDRESS(Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION, 23b DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) REC D BY REGISTRAR V8rA15ME (5) DATE 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED NAME Middle 2a DATE KNOWN (Type or Print) ESTI-Rismonda 19 12:10pm Petrone DEATH MATED TE co F JHOER 24 HRS 4 RACE S. DATE OF BIRTH 6 AGE (n years 2c DATE PRONOUNCED DEAD 2d HOUR 3 SEX 68 1912:15pm White 7-10-1895 Female 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9 COUNTY OF DEATH DIVORCED [WIDOWED [Prince George's Ttalv 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR INDUSTRY one Prince George Hospital during agost of marking his, even if ret red.) Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 DISIDE CITY LIMITS? 13e STREET AND NUMBER death. Item 18. YES 🕞 NO 🗌 Riverdale 5505 59th, Avenue 14 FATHER'S NAME Last IS MOTHER'S MAIDEN NAME First Middle Nichola Casello Pellegrina Orlanda This certificate shauld be executed within 24 9 haurs 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT ADDRESS pency (Yes, Pargrunknawn) 5791079667 Josephina Petrone same as ahova APPROX MATE INTERVAL BETWEEN ONSET AND DEATH event within 18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY icate, writing the ward "pending" be forwarded to the Chief Medical IMMEDIATE (AJSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Hypertensive arteriosclerotic heart Canditians, if any, which gave disease rise to immediate cause (a). duy DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ 040 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes mellitus remayal. CERTIFICATION 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate. NO DE O 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of njury in Part 1 or Part 2, Item 18) 21b TIME OF INJURY Manth, Day, Year 4 should MEDICAL PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21f . GCAT-ON Street or R.E.D. No. 21s PLACE OF IN. JRY (At hame, farm, street, City at Town County State factory, affice building, etc.) WHITE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X and in my apinion Inquiry Natural Causes 🔼 , Accident 🗍 . Suicide 🦳 death resulted fram. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL may be re FUNERAL I 225 DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 7-24-68 DEPUTY MEDICAL EXAMINER X Health **EXAMINER'S** John Riverdale, Md. ADDRESS(Street, city, fawn, or county) NAME (Type) Kehoe MD 90 23a BURIAL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) 1968 Lincoln Cemeterv Colmar Manor, Harvland ADDRESS 2Sq REC'D BY REG STRAR 25b REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR Malley Funeral Home Mt. Painier, Md. VR A15ME (5) 10M REV 1/6



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle Inst 20 DATE KNOWN X Year (Type or Print) OF ESTI-James Poindexter 1961 DEATH MATED 6. AGE (in years F LADER + YEAR JE CINDER 24 HRS 4 RACE 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH Doy 26 male white 5-22-95 70 BIRTHPLACE (Stote or foreign 7b CIT ZEN OF WHAT COUNTRY? MARR ED X NEVER MARRIED 9 COUNTY OF DEATH country) Virginia U.S.A. WIDOWED [DIVORCED [7] Prince George's IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a SuA. OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Frince George's Hospital INDUSTRY Cheverly 130 USUAL RESIDENCE (Where deceased I ved, if institution. Residence before 13c CITY OR TOWN Tad. Priside Little Limits 13b. COUNTY YES X NO 209 61st Avenue Md. Capitol Hts ofter in them 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle lost Middle 100 Unknown Unknown hours e certificate, writing the word "pending" in pencil is should be forwarded to the Chief Medical Examiner abod 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) 13 Naomi '. Poiniexter Same asl3 abcde File within 72 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Heart Failure event DUE TO, OR AS A CONSEQUENCE OF Conditions, if any; which gove Arteriosclerotic Heart Disease rise to immediate couse (a). gny This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Œ. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) remayal, CERTIFICATION 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🖂 NO X pe 5 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY Month, Day, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. P.M CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City of Town County Stote WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X and in my opinion death resulted from. Hamicide Undetermined manner National causes (X) Suicide . CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 may TO FUNE Health Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city town, or county) NAME (Type) John 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) 7-29-1958 Fort Lincoln Prince George So ADDRESS 2So REC D BY REGISTRAR 2Sb REG STRAR S SIGNATURE



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	20214			EKTIFICA	TE OF DEATH	a pitt or eciti	. ~		
	CEASED NAME First ype or print)	, ohn	Middle J.	P	lost	20 DATE OF DEATH Month Doy July 16.	19 6 8	25. HOUR 1:00A1	
3 SE		4. RAC			DATE OF BIRTH	6 AGF (In years	IF UNDER I YEAR	IF UNDER 24 HRS.	
	M		N		12/12/12	last birthday) 55 YRS	MONTHS DAYS	HOURS MIN.	
7a E	BIRTHPLACE (State or foreign	7b CITIZI	EN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9	COUNTY OF DEATH			
COUF	S.C.		USA	WIDOWED X	DIVORCED 🗌	Prince George	8,	Md.	
	ITY OR TOWN OF DEATH		II NAME OF HOSPITAL OR INST	ITUTION (If nat	in haspital 12a, USUAL	OCCUPATION (Kind of work dane of working life, even if retired)	126 KIND OF B INDUSTRY UNK!	SUSINESS OR	
	lenn Dale	a1 .a.					unki	nown	
odmi	STATE (Where dece	13b C	if Institut an Residence before				Ann W (
	ATHER'S NAME First		Middle Last		gton DYE NO NOTHER'S MAIDEN NAME FIRST	ZOOD DITCH BURLE	Ave. N.	Lost	
	John		Pool		Mattie		Smith	60.31	
160	WAS DECEASED EVER IN U.S. AL		S? 166 SOCIAL SECURITY N		ORMANT	Address	PET CII		
Y	es, na, ar unknown) (11 yes grv	war or doles of	579-05- 52		decedent				
		n y ane cau	use per tine far (a), (b), and (c))				APPROXIM	NATE INTERVAL NSET AND DEATH	
	PART I DEATH WAS CAUS	ED BY.	Maggive muli	nonary	hemorrhage			inutes	
	117		TO, OR AS A CONSEQUENCE OF						
	Conditions, if only, which gave								
	rise to immediate couse (a) stating the underlying couse		TO, OR AS A CONSEQUENCE OF						
	<u>ios1</u>	}	(c) Pulmonary to	ubercul	osis		1 m	onth	
	PART 2 OTHER SIGNIFICANT C	ONDITIONS (CONTRIBUTING TO DEATH BUT NO	T RELATED TO	THE TERMINAL DISEASE OR COM	IDITION GIVEN IN PART 1(a)			
i z	005,								
CERTIFICATION	190. DATE OF OPERATION 19	o. CONDITION	FOR WHICH OPERATION WAS PER	FORMED	20c. AUTOPSY?	20b. F YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CE	RTIFYING	
ERIE	Ol. ACCIDENT WAS DURING	tuo lass	THE OF BUILDS	Ta. 11011	YES NO X		10		
	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR	ATH HO	TIME OF INJURY UR A.M. Month Doy Year	ZIC HOW	INJUNTATION OF THE PARTY OF THE	ature of injury in Port 1 or Port 2,	item 18 j		
MEDICAL	(If either natify medical exor		P.M. 19 INJURY (AT HOME, FARM, STREET FACT	ORY 1 211 100	TION Corner on D.E.D. No.	C ty or Town	County	Stote	
	While Nat while of work	e react Ut	OFFICE BUILDING, ETC.	7 211 100	ATTOM SITERED OF K.F.D. (49.	City of IOMil	County	21016	
	22g certify that M (s	his hasni	tal) attended the decease	d from	7/3/ 19 68	7/16/9	68 . that	A) (we) last	
	saw the deceased	alive an	7/16/_1	68 , and	that in (my) (aur) apini	3 , ta 7/16/9 an death accurred an the da	ite and haur c	and from the	
	conses stated and	/e, 💢 (w	e) (did) (did nat) view the b	ody after de	ath				
	22b. SIGNATURE	LINA	Wen	DI OBIS	ATTENDING MED	own STAFF rm a 4	DATE SIGNED 16/68		
	22d PHYSECIAN'S	001	· vvv	DEGREE	PHYS DIRE	CTOR PHYS	10/00		
	BLAME /Tomo)	ine W	eiga M.B.			Mospital Glenn	Dale M	d.	
230		DATE	23c NAME OF C	EMETERY OR C		23d LOCATION (City or Town)	(County)	(Stote)	
100	DEMONAL IS. A.M.	/20/			orial Ceme.	Maryland	(200 11)	(5.5.5)	
24.	FUNERAL DIRECTOR OF A	(L.	Home-4001 Be	1 1	250 REC.D BY	REGISTRAR 2Sb REGISTRAR S			
5	tewart/Fune	ral	Home-4001 Be	mning	Ra DAN 2	2 1868 /Clian	Can Juney	se.	



EDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN Middle DECEASED NAME (Type or Print) ESTI DEATH MATED Trma Leone Prvor 4 RACE 6 AGE (In years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD S. DATE OF BIRTH 3 SEX last birthday) white 6-20-06 female MARRIED X NEVER MARRIED 7o B RTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) VIRGINIA WIDOWED [] Prince George's DIVORCED [7] U.S. 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 19 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life leven if retired)
RETTRED TE CHER NOUSTRY 324 Clagett Road University Park SCHOOL SYSTE 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE C TY LIMITS? 13e STREET AND NUMBER land 2 with 13b COUNTY P.G. Universit YES X NO 4324 Clagettt Road Middle Middle IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME First LLOYD ELLA LLOYD should be farwarded to the Chief Medical Examiner's ⊆ haurs 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? be executed within (Yes, no, or unknown) (If yes give war or dates of service) 213-38-1779-A Cabell N. Pryor Husband Same as above any event within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave) rise to immediate cause (a), execute the certificate, writing the word This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse or remayal, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) S CERTIFICATION nseq 20 AUTOPSY? 195. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION WAS PERFORMED? YES | NO X 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 3 shauld HOURA.M. ab.llpmpm 7-7 19 68 PRIMARY X OR CONTRIBUTING burial, crematian, shot self in head with revolver 21e PLACE OF INJURY (At home, form, street, factory, affice building, etc.) 21d MUNICY OCCURRED 21f LOCATION Street or R F D No. County Stote City or Town AT WORK AT WORK 4324 Claggett Road, College Park, P.G., Md . 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X, Inquiry X. and in my opinion Suicide X Homicide Undetermined monner death resulted fram-Natural causes . Accident . CHIÉF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER X **EXAMINER'S** 5 may TO FUNE Health NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) 230 BURIAL CREMATION, 7/10/68 Ft. Lincoln Colmar Manor, Maryland ADDRESS 250 REC D BY REG STRAR 24 FUNERAL DIRECTOR 25b REG STRAR S SIGNATURE F. Gasch's Sons Hyattsville, Maryland Ochores



FOR STATE HEALTH DET. Commonwealth Commonwealt]	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	25
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ACTUAL SIGNATURE SIGN	ed in the life in		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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REMOVAL (Specify) Burial July 18, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ase ase mention in the batter to be			
REMOVAL (Specify) Burial July 18, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	ald dispersion ion		ACTUAL / ATT ACTUAL	JGNED
REMOVAL (Specify) Burial July 18, 1968 Ft Lincoln Cemetery Colmar Fanor Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	our, here		OFFICE AND	-15-68
REMOVAL (Specify) Burial July 18, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24. FUNERAL DIRECTOR ADDRESS 25a. RECID BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	DEI DE fue		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
24. FUNERAL DIRECTORY ADDRESS 250. REGISTRAR'S SIGNATURE	5 5 ± ~ 5 ±	23a	BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	
	8	24	Burial / July 18, 1968 Ft Lincoln Cemetery Colmar anor Pro	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) Month حاجا الا 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) MONTHS DAYS HOURS and in any event, within 72 haurs hours To BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED THEVER MARRIED country) Ire-lan WIDOWED [DIVORCED [law requires that the death certificate be executed within 24 filled TINCE 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital over street address) 4922 22 5216 12a USUAL OCCUPATION (Kind of work done IO CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) during most of working life, even if ret red) **INDUSTRY** remave carban campletely Hastsville - Mn 400 130 USUAL RESIDENCE (Where deceased led, if institution Residence before 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER admission) STATE 136 COUNTY YES X 220 14 FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle gud First Lost èase 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Address (1 yes give wor or dates of service) Yes, no, or unknown) 0.... 18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY affendia IMMEDIATE CAUSE (o) permy b TO FUNERAL DIRECTOR: After this certificate has been signed by the atterdirector, page 3 should be detached for use as the burial-transit penshould be filed with the State Dept. of Health priar to burial, cremation, Conditions, if any, which gave) rise to immed ofe cause (o), DUE TO, OR AS A-CONSEQUENCE OF stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) Page 4 may be retained by the haspital or attending CERTIFICAT ON 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERT EYING CAUSES OF DEATH? YES [21a ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW MUJRY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year P.M. If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark L at wark 22a I certify that (I) (this haspital) attended the deceased from 19 6 and that in (my) (vor) apinian death accurred on the date and hour and from the saw the deceased alive an_ causes stated above. (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE 22c DATE SEGNED ATTENDING DIRECTOR PHYS PHYS 22d PHYSICIAN 22e ADDRESS 23b DATE. 23d LOCATION (County) 25b REGISTRAR'S SIGNATURE 25a RECD BY REGISTRAR VR A15 [4] 1968 30M REV. 1/68 26



λ1	MAKYLAND STATE DEPARTMENT OF HEALTH	
+ [DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	
€ -2€ \	DECEASED NAME 20 DATE OF DEATH 2	b. HOUR
death.	(Type or print) Elsie C Remin ton and Month 24 Day 68 Year	210 pM
ours after death by, the funeral Pages 1 and nours after death		IDER 24 HRS.
hours hours hours hours	BIRTHILACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MAPPIED 1 NEVER MAPPIED 1 9. COUNTY OF DEATH	
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physician and completely en please remove carbon aval, and in any event, will avail.	a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13x CAY OR TOWN 32 INSIDE CITY LIMITS? 13e STREET AND NUMBER THIS SIGN) STATE Med. 13b. COUNTY P. G. Jaurel VES NO 32 Faurel Que.	
and can removin any	FATHER'S NAME First Middle Lost 15. MOTHER'S MA, DEN NAME First Middle Lo	st
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ificate h	O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. granknawn) (If yes give war or dates of service) 16b. SOCIAL SECURIST NO. 17, INFORMANT No. Jesse Reminister James.	
ing phy	18. CAUSE OF DEATH (Enter only one cause per line_for (o), (b) and (c)	TERVAL
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e faw retending as been as the priar ta	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? [20b. IF YES, WERE HINDINGS CONSIDERED IN CERTIFY	/ING
as as pring	YES NO CAUSES OF DEATH?	1110
or of the house	21e ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
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this De	While Not while at work at work	
ING Py t ter ter tate	220 Jertify)hat (1) (this hospital) attended the deceased from 1-25, 1968, to 149, 1961, that (1)	(we) lost
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E de	causes/stated abave, (1) (we) (did) (did not) view the body ofter death.	
OR ATTENDING be retained by 18 NRECTOR: After 1 e 3 shauld be d ed with the State	226 SIGNATURE ATTENDING ATTENDING STAFF 22c DATE SIGNED	
	22d PHYSIGIAN'S 22e ADDRESS	
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TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill	WENDYA (Specific) 17/2 7 / FC/2 1	ote)
	FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 250. REGISTRAR'S SIGNATURE	Y
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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 1 DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b HOUR death (Type or print) Month andve carban papers. Pages I any event, within 72 haurs after requires that the death certificate be executed within 24 hours after 3. SEX 4 RACE DATE OF BIRTH 6. AGE (in years F JHDER I YEAR IF UNDER 24 HRS last birthday) MONTHS YRS. 7b. CITIZEN OF WHAT 9. COUNTY OF DEATH 7n. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) .⊑ WIDOWED DIVORCED and campletely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not an hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Housewife, even if retired) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY YES 📝 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First gud and in Morris 16b SOCIAL SECURITY NO 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address physic Yes, na, ar unknawn) (If yes give war ar dates of service) ad for use as the burial-transit permit. Then place af mealth prior to burial, cremation, ar remayal, Mr. Robt. J. Resau 7002 Emerson St. 20784 214-38-5938 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c). PART I. DEATH WAS CAUSED BY me IMMEDIATE CAUSE (a) signed by the buriof-transit p Conditions, if any, which gave) rise ta immediate cause (a), DJE TO, OR AS A CONSTQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [FUNERAL DIRECTOR: After this certificate 2 g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical examiner) detached director, page 3 shauld be detached be office with the State Dept 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 211 LOCATION Street or R.F.D. No. City or Town Caunty State While Not while at work L 1960 22a. I certify that (I) (this hospital) attended the deceased from. . to 1968, and that in (my) (opinion death occurred an the date and hour and from the saw the deceased alive on. causes stoted obave, (1) (ver) (the) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d PHYSICIAN'S 4814 71st Ave. Woodlawn. NAME (Type) Thomas Hvattsville, Md. Maloney 23d LOCATION (City or Town) 23d BURIAL CREMATION. 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 0 New Cathedral Cometery Baltimore, Md. 4101 Edmondson Ave. VR A15 (4) -2 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAMI M. ddle 20 DATE KNOWN Year (Type or Print) ESTI-19 7: 50 DOMM DEATH MATED X Francis Wayne Richards 4 RACE 6. AGE (In years IE UNDER 24 HRS 3 SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HDGR 18 YRS 68" 191: 06pm M 10-8-1949 Male White MARRIED NEVER MARR ED & 7a BIRTHP_ACE (State or foreign 76 CITIZEN OF JAMEAT COUNTRY? 9 COUNTY OF DEATH (ountry) WIDOWED [Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USLAL OCCUPATION (Kind of work done atong with 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of Forking life even if retired) Prince George Hospital Cheverly 13a USLA, RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d PASIDE CITY L MITS? 13e STREET AND NUMBER Rt.3. Box 274-H George's YES NO Brandywine offer 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME Last 17. INFORMANT pencil 4 should be forworded to the Chief Medical Exomin (Yes no. er whknown) APPROX MATE INTERVAL within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Canditions, if any, which gave rise to immed ate cause (a), certificate should any writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= removat, and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 ALTOPSY? WAS PERFORMED? YES 🗀 NO DO 2 o EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ö 3 should PRIMARY CXLOR CONTRIBUTING cremotion, -29- 19 68 Drowned while swimming CAUSE OF DEATH 21e PLACE OF NJLRY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State WHILE NOT WHILE 220 | certify that I took charge of the remains described above, held on Autopsy | Inspection X 3 Inquiry [and in my opinion deoth resulted from: Notural couses Acident X Suicide . Homicide Undetermined monner [CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-31-68 Heolth DEPUTY MEDICAL EXAMINER TO moy ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD Riverdale. Md. the 40 23g BURIAL CREMATION OF TEMETERY OR CREMATORY 23d LOCATION (City or Town) FUNERAL DIRECTO 250 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



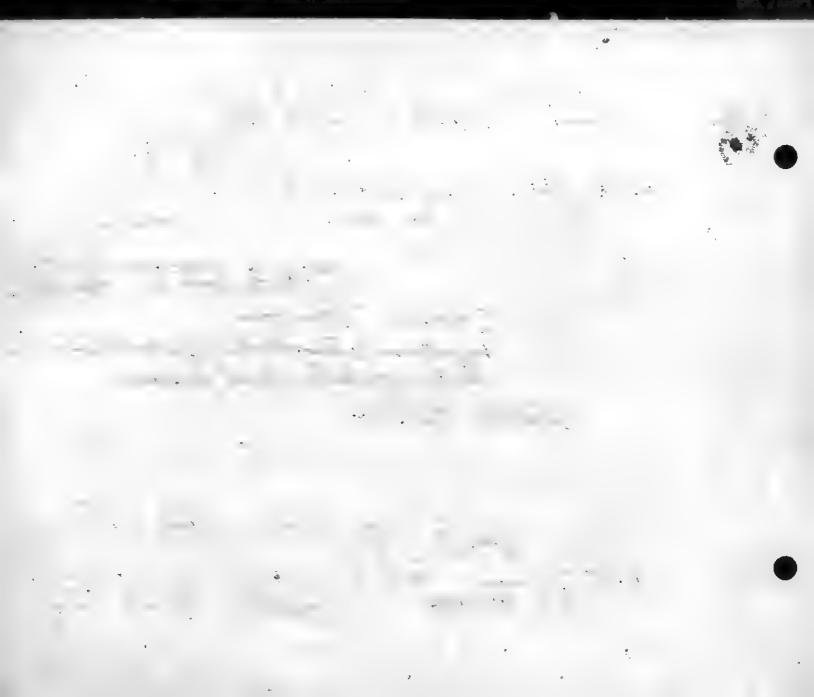


death. Page 4



DATE

MARYLAND STATE DEPARTMENT OF HEALTH



1 2	1	MARYLAND STATE DEPARTMENT OF HEALTH
PK (AA)	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATEVAL		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH-DEPT:		DECEASED-NAME Fish Middle Lost 20 DATE KNOWN THOUGH DOY YEAR 25 HOURS
元 古 (金		(Type or Print) EDMUND PEARSON ROLLINSON DEATH MATED JULY 5 1964 8 M
delay is and 3 ta	3	SEX 4. RACE S DATE OF BIRTH 6. AGE (III WALL ST LANGER) YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD 2d HOJR.
		M Wells 17 18 2 FT 1/48 MAN MONTHS Day 3- Year 1968 8 PM
1, 2 rm Pr	7o.	B.RTHELACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
s 1, s 1	œu	intry ended USA WIDOWED - D. VORCED - Prince Georges Md
age age th f	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITA OR INSTITUTION (If not in hosp to 120. USUAL OCCUPAÇION (Kind of work done 126 KIND OF BUSINESS OR
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s certificate should be executed within 24 e, writing the ward "pending in pencil in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages emoval, and in any event within 72 hours		(Yes, no program) (If yes give wor or dates at service) Son in face Michael F. Steel Hill crest HE
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INER e cel shou files 3 sho	MED	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote
		WHILE NOT WHILE loctory, affice building, etc.)
		22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my apinion
ICAL E e executor. Paged for CTOR: F		death resulted fram. Natural causes 19, Accident , Suicide , Hamic de , Undetermined manner
please e directained DIRECT		CHIEF MEDICAL EXAMINER \ 7-6-68
·		SIGNATURE Darte OWalking MD ASSISTANT MEDICA. EXAMINER 22b. DATE SIGNED
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TO DEPUTY necessary, p the funeral 5 may be re TO FUNERAL Health pro		NAME (Type) AYTON O NATKINS ADDRESS(Street city, town, or county) Bladensburg med
TO D nece the 5 m Heal	23	O BUR AL, CREMAT ON 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
Λ		Burial 7/9/68 Cedar Hill Cemetery Suitland, Maryland
0 K	24	FUNERA. DIRECTOR Robert E. Wilhelm Funerat Home 250 RECD BY REGISTRAR 256 REGISTRAR'S S GNATURE
VR A15ME (5)		4308 Suitland Road, Suitland, Maryland JUI 11 1968 Clarles Judge

Two for one Film #GLi02 7/17/68 kk

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10538 CERTIFICATE OF DEATH 25 HOUR 1 DECEASED NAME First Middie Lost 20 DATE OF DEATH death. (Type or print) Month Keith Robinson July burial-transit permit. Then please remave carban popers "Pages I burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER YEAR 6 AGE (In years lost birthdov) Feb. 20, 1962 Caucasian Hours 7b SITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH To, BIRTHPLACE (State or foreign 8. MARRIED T NEVER MARRIED XX WIDOWED [DIVORCED [Prince George's U.S.A. 24 IO CITY OR TOWN OF DEAP 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done requires that the death certificate be executed within Prince Geo.Gen'l Hospital during most of warking life, eyen if retired) INDUSTRY Chever1v 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13a INSIDE CITY LIMITS? 3e. STREET AND NUMBER odmiss on) STATE 13b COUNTY Box 132 Maryland loward 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME PINE tost Middle Lost Robinson Adrian 160 WAS DECEASED EVER IN ILS ARMED FORCES? 16h, SOCIAL SECURITY NO Yes, no. or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Conditions, if ony, which gove) 37 days rise to immed ofe couse (o). stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 use as the l 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g AUTOPSY2 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES XX NO [director, page 3 shauld be detached far use should be filed with the State Dept. af Health. O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year if either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County White Not while of work 22a. I certify that (1) (this base) attended the deceased from May 26, 19.68, to July 3, 19.68, that (1) kee) last saw the deceased alive an July 3, 19.68, and that in (my) (\$30) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (didnot) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Ruth K. Jakoby, M. D. 6401 Landover Rd., Cheverly, Md. 20785 BURIAL, CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY MOVAL (Specify) 250, REC'D BY REGISTRAR 30M REV 1/68



				D STATE DEPARTMEN				
1		ZOFFO D	IVISION OF VITAL RECORDS,	301 W. PRESTON STREET	T, BALTIMORI	E, MARYLAND 21201	~ 2	n
•		100%		CERTIFICATE OF DE	ATH		^	1
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	14.	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDE	N NAME First	Middle		Last
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physician please and I	100	es, no, or unknown) (If yes give wor a	(dates of service)	0.00	R-6-1.7	2 7214 Gar	1-11.	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate benexecuted with Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached far use as the burial-transit permit. Then please remave carbony should be filed with the State Dept. af Health prior to burial, crematian, or remaval, and in any event, with the state Dept. af Health prior to burial, crematian, or remaval, and in any event, with the state Dept. at Health prior to burial, crematian, or remaval, and in any event, with the state Dept. at Health prior to burial, crematian, or remaval, and in any event, with the state Dept.	00	0.0141.0001447.014	7 100 11415 05		1001	TOOL TON (C)	Version to	of tout
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middie Lost 20 DATE OF DEATH 2b. HOUR and 2 death. nerd (Type or print) July ABRAHAM D. RUCHWARGER.M.D. 4 RACE S DATE OF BIRTH 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6 AGE (In years lost birthday) 55 HOLRS MALE SEPT. CAUCASIAN YRS requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign MARRIED TO NEVER MARRIED country) PRINCE GEORGES U.S.A. DIVORCED RUSSIA WIDOWED bunal, cremation, ar remaval, and in any event, within $7 \!
m L$ please remave carbon paper 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspite 12a LSUAL OCCLPATION (Kind of work done 12b, KIND OF BUSINESS OR give street god ress MARA OXON HILL INDUSTRY MEDICAL 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13e STREET AND NUMBER odmission) STATE Md. 13b. COUNTY P Georges YES X MELMARA DRTVE 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle **EMANUEL** RUCHWARGER Unknown 16b. SOCIAL SECURITY NO 17 INFORMANT Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or junknown) ZDENKA RUCHWARGER same as 13e. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)
PART 1. DEATH WAS CAUSED BY. BETWEEN ONSET AND GEATH permit. IMMEDIATE CAUSE (a) Gener Alugara signed by the burial-transit p Conditions, if any, which have t rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the hospital ar attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) of Health prior to as the 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 📑 far use TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, notify medical examiner) P.M. be detached director, page 3 shauld be detache shauld be filed with the State Dept 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from 1966, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE ATTEND.NG MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 101 HERBERT Audry La.: Oxon Hil 230 BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 7/12/68 Israel srael Bernard Danzansky & Sons Washington, D. Coale JU 24. FUNERAL DIRECTOR REC D BY REGISTRAR VR A15 (4) 30M REV 1/68



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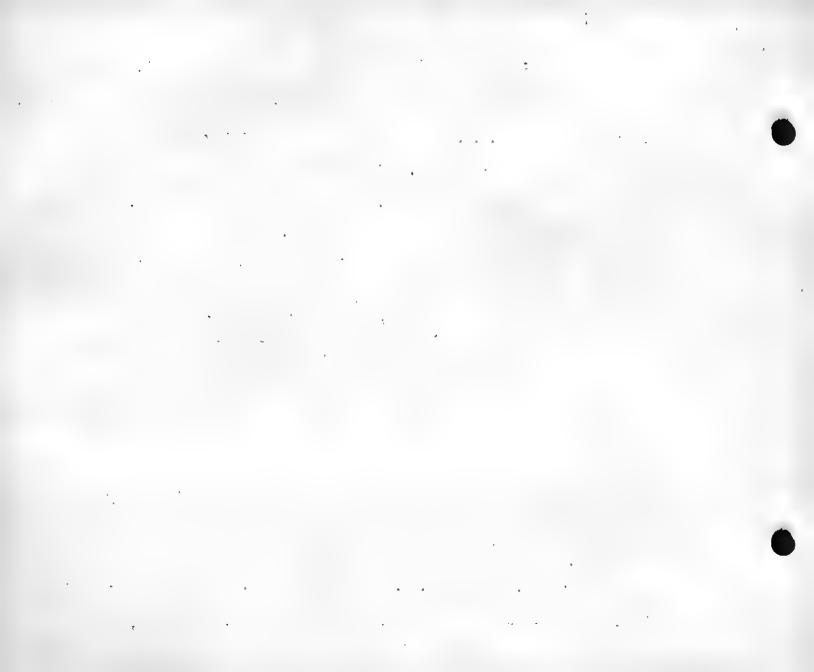


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 - 4 14 CERTIFICATE OF DEATH Middle DECEASED-NAME Lost 20. DATE OF DEATH 25 HOUR (Type or print) Baby Girl. Month 7, Doy1968'eor Sams July :50P M ofter 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS 3 SEX last birthday) Female Caucasian July 7, 1968 The low requires that the death certificate be executed within 24 haurs buriol, cremation, or removal, and in any event, within 72 haur 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED XX signed by the attending physician and completely filled in buriol-transit permit. Then please remove corban papers. please remove corbon papers. country) U.S.A. WIDOWED | DIVORCED [Maryland Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life, even if retired.) None Cheverly 13o USJAL RESIDENCE (Where deceased lived, 'f institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e STREET AND NUMBER odmission) STATE Maryland | 135. COUNTY Prince George's YES NO 36th St Nt. Rainier 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Wanda G. Graham George Sams 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) Prince George's Hospital Records None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF his System Conditions, if any, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to l has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 20a AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO 🔲 Poge 4 moy be retained by the hospital or this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Doy Year P.M. director, page 3 should be detoched should be filed with the Stote Dept. of 216. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County White Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (this haspital) attended the deceased from 19606.10 1968, and that insaret (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an... causes stated above, (# (we) (did) (####) view the bady after death. 22c. DATE/SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Prince Geo. General Hospital, Cheverly, NAME (Type) John W. Perkins, M. D. (COMM) Y COM 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23b DATE REMOVAL Specify 7-11-1968 At Olivet Cemetery Washington, 24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) Talley Funeral Home Mt. Rainier, Md. 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item#3.FilmGL03 7/31/68 km 1. DECEASED-NAME First Last 20. DATE OF DEATH 2b. HOUR Month (Type or print) John. E. Schaeffer 4. RACE 5 DATE OF BIRTH badin any event, within 72 hours after 3. SEX 6 AGE (In years lost birthdoy) 1/31/16 m ale Caucasian requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED X Prince George's country) completely filled in USA WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSLA, OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR George's Gen. Hosp. Federak Comm. Officer Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 61 Ridge Road rince Geo. Greenbelt Maryland 14 FATHER'S NAME First Lost 15 MOTHER'S MAIDEN NAME First Last Schaeffer Alice Kuhns Wilson T&b. SOCIAL SECURITY NO 17. INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) Hospital Records buriol, cremotian, or removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART 1. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH burial-tronsit permit. Conditions, if ony, which gave) nse to immediate cause (o), signed by 1 DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-transhould be filed with the State Dept. of Health prior to buriol, or expensely the state of stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) brihous Dericardifit 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g. DATE OF OPERATION CAUSES OF DEATH? 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. If either, natify medical examiner) 21e PLACE OF INJURY (AT MOME FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No City or Town 21d. INJURY OCCURRED County Stote While Not while at work 22b. SIGNATUR 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22e. ADDRESS PHYSICIAN'S 22d Washington D C 23c NAME OF CEMETERY OR-GREMATORY-23d LOCATION (City or Town) 235 DATE 23a BURIAL CREMATION (County) 7/24/68 Jordan Lutheran Church Walberts Lehich Penna . 2So. REC'D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Maryland 30M REV 1768 DATE



2 - 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
death.		CEASED-NAME ype or print) Mary Catherine Schwartz 20. Date Of DEATH Month Pay Year 6 PM
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24 hau ed in by ippers.	נטטז	inthereacte (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 19. COUNTY OF DEATH VITY) Ohio U.S.A. WIDOWED DIVORCED VINCE George Md.
kecuted within 24 h campletely filled in nave carban papers ny event, within 72 h		ITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital drying most of working life, even if ret red) The drying most of working life, even if ret red) Wayno most of working life, even if ret red) What Sales are street and rest s
executed nd cample emave ca any even	adm	ATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last
be ex n and ge rem		John Suedkane Mary Kech
rificate rysicia in plea		WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECUR TY NO 17, INFORMANT Address 17, INFORMANT Address 382-05-7933 Jouis H. Schwartz Scarce as # 13
requires that the death tertificate be executed within 24 haurs after 3 physician. I signed by the attending physician and campletely filled in by the burial-transit permit. Then please remaye carban papers. Pages 10 burial, cremation, ar removal, any event, within 72 hours bits.		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Out , permand throwboars 2 W
that the d an. by the att ransit per		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave mse to immediate cause (o), (b) Cute reachers heart cleane Team
quires the physicion. signed by burial-trar		stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c)
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pro os te	RTIFICATION	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH?
PHYSICIAN: The hospital ar at an instance has the far use tacked far use Dept. af Health	MEDICAL CE	21a ACCIDENT WAS JNDERLYING 1 OR CONTRIBUTING AND
E = 0	2	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street at R.F.D. No. City or Town County State at work at work
ATTENDING stained by the CTOR: After the shauld be de ith the State		220. I certify that (1) (this hospital) attended the deceased from 19, 19 67, to 19, 19 68, that (1) (we) lost sow the deceased alive on 19, 19 68, and thorin (my) (we) opinion death occurred on the date and hour and from the courses stated above, (1) (see) (did) (diddest) view the body after death.
OR DIRE		226 SIGNATURE Jamy Lacks M. D. DEGREE ATTENDING MED. STAFF 122 DAYE SIGNED 7/14/68
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22d. PHYSICIAN'S Harry Sacks, M.D. 220. ADDRESS 3036 M Place, S.E. Wash. D.C.
TO HO Page O FUI shou	23a	BURIAL (REMATION, 23b DATE 7/17/68 23c NAME OF CEMETERY OR CREMATORY Colmar Manor P.G. Md.
VR A15 (4) 30M REV. 1/68		rancis Gasch's Sons Hyattsville, Md.



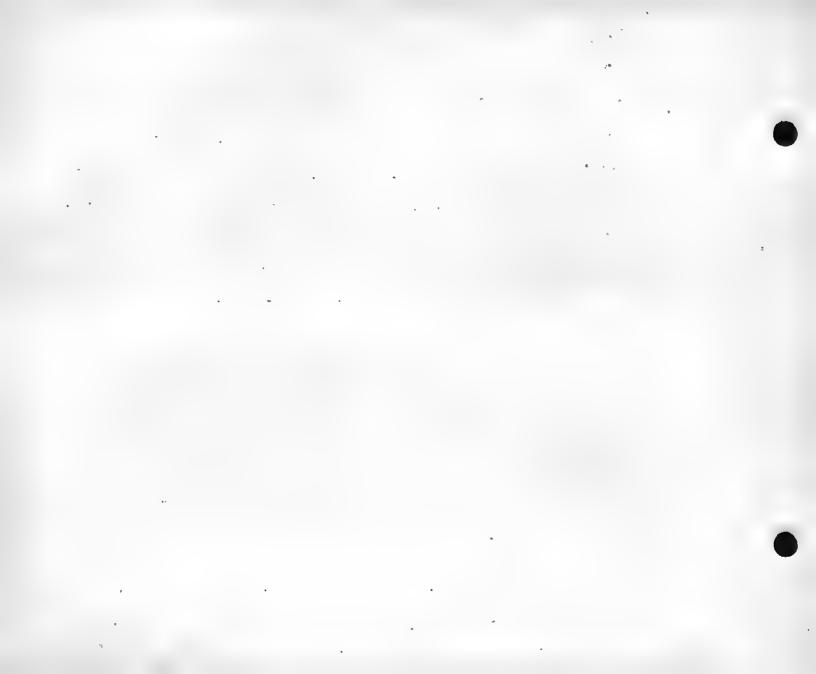
51	It	mem_2le film 403 MARYLAND STATE DEPARTMENT OF HEALTH 5-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	r i
HEALTH DEPT.		DECEASED-NAME First Middle Last Zo DATE KNOWN Menth Do	oy Year 2b_HOLR
3 to 3 to 4 is	(DIAIL MALES .	26 1968 TURN
delay	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years if JNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 'og nygliddey') MoNTHS DAYS HOURS MIN Month 7 Doy 24	2d. HOUR
P S (S)		male Negro 4-14-32 36 %	Yeor 1968 H M
- E 18		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED (NEVER MARRIED) 9 COUNTY OF DEATH	
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towns after death tem 18 Give Pages 1. Office along with form and 2 with the State of		Cheverly Prince George's Hospital during most of working life, even if retired) IN	DUSTRY
s after 18 Giv olang with		USUAL RESIDENCE (Where deceased yed, if institution Residence before 13c. CTY OR TOWN 13d INSDECTY LIMITS? 13e STREET AND NUMBER 13W COUNTY YES (X) NO 2329WN orth Str	1
W = O. /		Ma. V Baltimae Main a case, were sure	
Hours Street	14 4	FATHER S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Las†
2 ii 2 i	16.	Johnnie Moore Simmons Fannie Mae Garret WAS DECEASED EVER IN U.S. ARMED FORCES? 1/66 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	<u>ct</u>
within 24 pencil in camprer s		for my asymptotical and the second se	nt St
·		No N	APPROXIMATE NTERVA.
should be executed ne ward "pending" in the Chief Medicol burial-transit permit.		18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY The property of the company	BETWEEN ONSET AND DEATH
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ee e ef N		Candit ons. If any, which gave 3	
Id E Chi Chi ny e		rise to immediate cause (a). (b) stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
hou wo the trial		last.	
the s d ta d ta a bi		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
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wri wri irwa irwa nove		190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
This cate, be fa	CERTIFICAT	7-11-08 Intra-cerebral hemorrhage	YES NO X
NER: The certification in the		210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item PRIMARY TO OR CONTRIBUTING 1	18)
tNER: e certif shauld files. 3 shaulc	MEDICAL	CAUSE OF DEATH LL: OUP M am 7-9 19 68 fell off truck	()
- 4 0 N → CD D 1-	2	o datasy affice by ding etc.)	County State
L EXA ecute Page or yas R:Pag			G. Md.
		22a certify that I took charge of the remains described above, held an Autopsy, Inspection X, inquiry X,	
olca director. etained t		death resulted from Natural causes , Accident X, Suicide , Homicide , Undetermined manner	J
y, please y, please and directs be retained AL DIREC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b DATE SIG	:NFD
Be be pri		MUNICIPALITY DEDUCT FOR THE TOTAL TO	27-68
o DEPUTY necessary, if the funeral 5 may be r 0 FUNERAL Health price		NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS (Street, cty, town, or county)	
TO DEPUT necessary the funer 5 may be TO FUNER, Health p	230	BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry or Town) (C	aunty) (State)
	B	REMOVAL (Specify) 7/30/68 Arbutus Mem. Pk. Arbutus, Md.	
13-		FUNERAL DIRECTOR KOTSON HISTORY TO HOADDRESS 250 REC D BY REGISTRAR 1250 REGISTRARS SIG	NATURE
VR A15ME [5]	I	J.R. Baily 1348 N. Calhoun St. DATE JUL 29 1968 ACCORD	1 1 1 m



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EOR STA	TE) -	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7 (534)	· ·
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5 7 2 5	5	3 SE	EX 4 RACE S DATE OF BIRTH 6. AGE (In yearsif UNDER) YEAR F JNOFR 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
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, 2,	2		BIRTHPLACE (State or foreign 75 G.T.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
off any delay ages 1, 2, and 3, 1th form PM3. Po	u u	touri	Washington D C U S A W DOWED DIVORCED Prince George's	Md
after death 8 Give Pages 1, along with form		10. (City or town of DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital Riverdale Riverdale II NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) I ousewise I ousewise	2b KIND OF BUSINESS OR NDUSTRY
or d	_ /	120	Riverdale Give street oddress Leland Memorial Hospital during most of working life, even if retired.) USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIGN CITY LIMITS? 3e. STREET AND NUMBER	home
	death.		aryland Prince George's Landover YES NO 51419 Flintridge	o Dwizza
haurs Item Office	after o		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
-	_ 0		Salvatore Turrisi Esther Parsons	227
10	haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17 IMFORMANT ADDRESS	
E 8 6 7 9	72 h	(1)	Yes, no, or unknown) (If yes give wor or doiles of service) James T Skeens Landover, Md	•
- E			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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<u></u>) Ü	MEDICAL CERT FICATION	210. EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 210 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, item PRIMARY SOR CONTRIBUTING HOVER A M 100 Port 2 100 Port 2 100 Port 3 100 Port	n 8)
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the the trick th	age a shao crematian,	2	21d INJURY OCCURRED 2 e PLACE OF th. JRY (At home, form, street, foction, office building, etc.) AT WORK AT WORK IN 15309 Riverdale Road, Riverdale, Prince George County, Max	county Stote
CAL EXAMINER: execute the certion. Page 4 shauld ad far your files	_		A WORK IN WORK IN 3009 RIVERDATE ROAD, RIVERDATE, FITHCH GOOF COUNTY, Ma.	
exe exe or. P d fo	burial,		22a certify that I taak charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (), death resulted from: Natural causes, () Accided (), Suicide (), Hamicide () Undetermined manner ()	
ase rectc	to b		CHIEF MED CAL EXAMINER	<u></u>
ag in the state of	prior		ACTUAL SIGNATURE M.O ASSISTANT MEDICAL EXAMINER 226 DATE SI	IGNED
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o DEPUTY DICAL Energy, please exect the funeral director. Page 5 may be retained by Smay be retained for the funeral director of the funeral director for the funeral director for the funeral places.	Health		NAME (Type) John/Kehoe MD Riverdale, Maryland ADDRESS(Street, city, town, or county)	
5 g = 2 5	2 ž	230		County) (State)
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VR A15A	AE (5)	24	F. Gasch's Sons Hyattsville, Md. 250. REGISTRAR 250. REGISTRAR'S SI DATE AUG 5 1968 Client	
10m REV	1/6	_	DATE AUG J 1000 K	- J- J-



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2b HOUR 2a. DATE OF DEATH death. e executed within 24 haurs after death funeral ond (Type or print) -Month Clifton mith 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINCER 24 HRS. rast birthday) Male HOURS White 5-4-03 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED [2] NEVER MARRIED country) Maryland USA WIDOWED | DIVORCED [Prince George signed by the attending phystican and completely filled in burial-transit permit. Then please remave carban pape burial, crematian, ar remaval, and in any event, within 72 and completely filled 12a USUA, OCCUPAT ON (Kind of work done ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Riverdale Eugene Leland Memorial SSC Retired 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LUA TS? 13e. STREET AND NUMBER 13b. COUNTY Hyatts ville YES T 5306 Kenilworth Ave. IS MOTHER'S MAIDEN NAME First 14 FATHERS NAME First Middle Last Edward Smith Goldie McCauley requires that the death certificate 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If was give wer or dates of service) Yes, na, or unknown) attending phys Spouse and Medical Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Ruptured abdominal aortic aneurysm ONE 441, X. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Da. AUTOPSY? CAUSES OF DEATH? YES 📝 NO [YES TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 31 104, 1928, ta 31 104, 19 00, that (I) (we) last saw the deceased alive an 104, 1940, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. KEHOE NOTIFIED 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED DIRECTOR STAFF PHYS. 8-1-68 DEGREE PHYS 22d. PHYSICIAN S 22e ADDRESS NAME (Type) C. J. Houmann, M.D. 4408 Queensbury Rd., Riverdale, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Colmar Manor Pro Geo Md. 1968 Ft Lincoln Cemetery 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville Md. DATE AUG 5



X-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN 2 Month Doy Year 25	HOUR
≈ 5 6 ×	١,	Type or Print) FRANK VINCENT OMITH DEATH MATED - July 6 1968	108
deloy and 3	3 S	4. RACE S. DATE OF BIRTH 6 AGE IN years 1 JADER 1 YEAR F JADER 24 HRS 2c DATE PRONOUNCED DEAD 2c DATE PRONOUNCED DEAD 2c	HOUR
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37 . 12 1		1742	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	three districts
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		ECEASED NAME First	M.ddle	Lost	2a. DATE OF DEATH	25 HOUR
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DE 2 25		BIRTHPLACE (State or foreign 7 ntry)		8 MARRIED NEVER MARRIED		
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the defendence of the second o	1	sow the deceased only	(I) (we) (did) (did not) view the	. 17_82.25, ONG THOT IN (MY) (OUT) OPI	nion death occurred on the do	ote and hour and tram the
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May May		NAME (Type) DON	BCAME	CON MICH SUNCES	MITRALI	ST. MAD
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, creating	-					
B B B B	230	BURIAL, CREMATION, 236 DA REMOVAL (Specify) 7/		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1055z CERTIFICATE OF DEATH DECEASED NAME First MARTAN Middle Last 2g DATE OF DEATH 2b. HOUR (Type ar print) Maries M. Smith 3 SEX S. DATE OF BIRTH 4 RACE 6 AGE (In years IF UNDER 1 YEAR JE JEWDER 24 HRS 24 hours after lost birthday) HOURS Female White 7-9-97 70 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o BIRTHPLACE (Stote or foreign 8 MARRIED NEVER MARRIED Harrisburg, Va. WIDOWED [DIVORCED [U-S-A-Prince Georges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind at wark done 12b. KIND OF BUSINESS OR O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within g ve street oddress) Community Rosp. during most of working life, even if retired)
Housewife INDUSTRY Clinton completely and in any event, 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 38 INSIDE CITY JMITS? 136 COUNTY 5510 4th Street N. W. YES X NO F Washington 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost George Shreve Sullivan physician 16b SOCIAL SECURITY NO 17 INFORMANT 16a WAS DECEASED EVER IN U.S. ARMED FORCES? Address [If yes give war or dates of service] Yes no ar unknawn) Augustus G. Smith, Jr. 5510 4th St N.W. Wash burial, cremation, or removal, APPROXIMATE INTERNAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART 1. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) DUE TO, OR Conditions, if ony, which gove : rise ta immediate cause (a). signed by buriol-trons DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1(a) hos been be detoched for use os the State Dept. of Heolth prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19th DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TAUSES OF DEATH? YES T FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 215. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21d INJURY OCCURRED 21f. LOCATION Street or R F.D No. City or Town County State 9 While Nat while at work at wark L 22a. I certify that (I) (this hospital) attended the deceased from 6/2 , and that in (my) (our) apinian death accurred on the date and hour and from the saw the deceased alive on be retoined director, page 3 should should be filed with the causes stated above, (i) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Robert W. Merkle, M.D. 116 McKendree Rd. Brandywine, Md 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230 BURIAL CREMATION, (County) (State) TREMOVAL (Spec fy) 7-9-1968 Resurrection Cemetery Clinton PG Maryland 24 FUNERAL DIRECTOR Robert E. Wilhelm Fune 14 Home 25g. REC'D BY REGISTRAR 2Sb REGISTRAR 5 SIGNATURE VR AT 4308 Suitland Road Suitland Maryland 1968 30M REV 1/68

FERER P 4 4 · : 1 ۶, 1

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orten da	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WER CAUSES OF DEATH	RE FINDINGS CONSIDERED AS CERT FYING H?
IAN: ol or ikate for u	210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 19 19 19 19 19 19 19 1	1 or Port 2, Item 18)
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OB: OB:	causes stated abave (1) (we) (did) (dld not) yiew the body after death.	
OR ATTENI De retained JIRECTOR: A e 3 shauld ed with the	226 SIGNATURE ATTENDING MED DIRECTOR PHYS	D 22 DATE SIGNED
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	PHYSICIAN'S MAME (Type) KELVIN L. MINCHIN 6400 MARC	BORUPINESE
TO HOS Page ' FO FUN direct shaul	REMOVAL (Specify) 23b DATE 7-68 23c NAME OF CEMETERY OR CREMATORY, 123d LOCATION ICITY OF CONGRESSIONAL 23d LOCATION ICITY OF CEMETERY OR CREMATORY, 123d LOCATION ICITY OR CREMATORY, 123d LOCATION	r Town) (County) (Stote)
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/ 1	It 9-	ms 18&22a Film 404 MARYLAND STATE DEPARTM 5-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STR	IENT OF HEALTH LEET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTI		754
HEALTH DEPT.		FASED-NAME Fist Middle	Last 20 DATE KNOWN Month Do	y Yeor 2b. HOUR
ay is 3 to Page ant af		pe or Print) Robert C S	tanwood DEATH MATED T 7-27-	68 19 ? A
detay and 3 t M3. Pag tment (3 50	4 RACE S DATE OF BIRTH 6 AGE (in years F- out bethody) MONTH	UNDER 1 YEAR IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
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_F C1	7a l coun	RTHPLACE (Stote or foreign 7b (TTIZEN OF WHAT COUNTRY? 8. MARRIED [WIDOWED]	□ NEVER MARRIED S 9 COUNTY OF DEATH □ DIVORCED □ Prince George's	M
8. Give Pages 1, along with the state Design.	10 (Y OR TOWN OF DEATH OR TOWN OF DEATH II NAME OF HOSPITA, OR INSTITUTION (If no que street oddress) Cheverly Prince George Hospi	durage most of working life, even if retired 1 INC	kind of Business or Oustry Core
is after de 18. Give P e along wi 2 with the death.		SUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TO assort STATE 13b (OUNTY) Aryland Prince George's Oxon Hill	INSUE CITY LIMITS? 13e. STREET AND NUMBER	Drive.#422
hours Item 18 Office Tand 2 v		THER'S NAME First Middle Lost 15. M	OTHER'S MAIDEN NAME First Middle	lost
		Robert C. Stanwood	Bea Roth	
with n 24 canine is canine is page		AS DECEASED EVER IN U.S. ARMED FORCES? In g. or unknown) YES 16b SOC A. SECURITY NO. 17 INFO 490101015 Hu	orman(Brother) 3122 ADDRESS Panor bert C. Stanwood, Riverside, ca	ama Road
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes
d be executed "pending" (Chief Medical Iransit permit.		14/20 DUE TO, OR AS A CONSEQUENCE OF		
he e "per		Conditions, fony, which gove) Hypertensive	cardiovascular disease	Unknown
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は 30 世界 6 区	MED		ATION Street or R.F.D. No City or Town	County State
L EXA ecute Page ar you R: Pag		22a certify that I taak charge of the remains described above, held	dan Autopsy 🛠 , Inspection 🔀 , Inquiry 🗍 ,	and in my apiniar
CAL Ed f		death resulted fram: Natural causes 🗷 Accident 🔲, Suic		}
please direct direct retaine DIRE		ACTUAL A A	CHIEF MED CAL EXAMINER	
Fr. ple eral di be reto XAL DI prior		SIGNATURE	M D ASSISTANT MEDICA, EXAMINER 226. DATE SIG	
o DEPUT: necessary, p the funeral 5 may be ro 5 FUNERAL Health prior		EXAMINER'S NAME (Type) John Kehoe MD Riverdale Md	DEPUTY MEDICAL EXAMINER (St. ADDRESS(Street, city, fown, or county)	31-68
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L EX ecutive Page ar y R: Po				sak charae af t	he remains de	escribed aba	ve, held an Auta	DSV .	Inspection	X In	quiry 🗍	and in	my apinian
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 T# 13 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b HOUR ofter death ours after death ond (Type or print) Month funeral Isaac Strauss July 3. SEX -4 RACE S. DATE OF BIRTH 6. AGE (In years SE UNDER I YEAR last birthday) Male White 12/14/78 requires that the deoth certificate be executed within 24 hours 7a. 8-RTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [NEVER MARRIED [country) and in ony event, within 72 DIVORCED WIDOWED Prince George's popel and completely filled remove corbon pope 11 NAME OF HOSP TALOR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Prince Geo. Gen. Hosp. during nast of warking life, even if retired.) Cheverly 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased ived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY J.M. TS? 13b COUNTY Montgomery Silver Spr YES 921 Northwest Dr. 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last edse ottending physicion 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, ar unknawn) TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending phy director, page 3 should be detached for use as the burio-transit permit. Then should be filed with the State Dept of Health prior to buriol, crematian, arrenaged APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 57 MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** HEALTH DEPT. 1 DECEASED-NAME Erst Middle 20 DATE KNOWN X Month Year (Type or Print) ESTIdy is 3 to Poge Louis Strickler DEATH MATED 1968 5 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years IF LINDER 24 MRS 2c. DATE PRONOLINGED DEAD 2d HOUR and M3 6 male white 10-1-28 39 To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9 COUNTY OF DEATH orm WIDOWED [DIVORCED [Prince George's Virginia Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital D. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR ofter death Leland Memorial Hospital during most of working life, even if retired.)
Carpenter NDUSTRY. Riverdale Building 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d PNSIDE CITY L M TS? 13e STREET AND NUMBER admission) STATE 13b COUNTY 5 YES X NO 5810 Cleveland Avenue Riverdale Office in Item 1 ofter IS MOTHER'S MAIDEN NAME 4. FATHER'S NAME Middle Middle EDWARD S. MARGARET GOOD STRICKLER e certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's hours pages 66 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS5810 Cleveland be executed within (Yes, na, or unknown) (If yes give war or dates of service) Ave . Riverdele, Md Connie M. Strickler. Fe Unknown APPROX MATE INTERVAL BETWEEN ONSET AND DEATH event within 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. PART I DEATH WAS CAUSED BY "pending" IMMIDIATE CAUSE (0) Intracerebral and Subarachnoid Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o). ony certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 8 remaval, CERTIFICATION used 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES X NO -2 D. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 1B.) 5 21b TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M MEDICAL crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City of Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK L 22a | certify that I taak charge of the remains described above, held on Autapsy | | Inspection X, Inquiry X. and in my apinian Natural causes (X) death resulted fram: Suicide . Homicide Undetermined manner Accident (1) prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 7-11-68 DEPUTY MEDICAL EXAMINER 5 may 70 FUNE Health **EXAMINER'S** NAME (Type), John ADDRESS(Street city town, or county) <u>Kehøe M.D., Riverdale, Maryland</u> 230 BUR AL CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify)
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	MARTIAND STATE DEPARTMENT OF HEALTH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haupage 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers, ashauld be tiled with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 has a second of the state Dept.	N.	PART I. DEATH WAS CAUSE IMMEDI Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) C FLECU (c) LITTLE ST	tic Heat Failer	Sue statuer	APPROXIMATE INTERVAL BETWEEN OMSET AND, DEATH
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OM REV	24.	Funeral director F. Gasch's So	ns Hyatts., Md.	S 2So. REC'D I	E 1 2 1968 REGISTRAN	TEMPORE SAL



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 20. DATE OF DEATH death. (Type or print) William Month -E. Thomas the attending physician and completely filled in by the fur sit permit. Then please remove carban papers, Pages I nation, or remayal, and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years IF UNDER YEAR Male White /20/13 lost hirthdoy) YRS 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH MARRIED CNEVER MARRIED country) Prince George's Va. USA WIDOWED [D VORCED requires that the death certificate be executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAT OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR Wednesde Memorial Hospital most Riverdale ofArm 13a USUAL RESIDENCE (Where deceased lived, if institut an; Residence before 143-CTHV OR TOWN 13d DASIDE CITY LIMUTS? 13e STREET AND NUMBER 136. COUNTY P. G. Carrollton YE NO admissian) STATE 5503 Karen Elaine Dr. Md. 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Charles Lillian Thomas Leigh 16a, WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, Bocor unknown) 1 (If yes give war or dates of serv 16b SOCIAL SECURITY NO. 17 INFORMANT Address Marie L. Thomas 6700 Belcrest Rd. Hyatts.Md. (If yes give war or dates of service) cremation, or remayal, APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter on y one cause per lyperfor (o), (b) and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave) burial-transit ase to immediate couse (a) à DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital or attending physicic O FUNERAL DIRECTOR; After this certificate has been signed use as the burial-alth priar to burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) b OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year detached for the Dept. of F (If either, natify medical examiner) P.M State Dept. 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21 TREATION Street or R.F.D. No. State City-or Town County While Not while at work 22a. I certify that (I) (this haspital attended the deceased from 19 0, to 10 0, that (I) (we) last saw the deceased alive on 19 0, and thot in (my) (our) opinion death accurred on the date and haur and from the couses stated above, (I) (we) (did) (did) view the body open death. director, page 3 shauld should be filed with the ATTENDING PHYS. DEGREE PHYS PHYSICIAN'S 22e ADD NAME (Type) 3g. BURIAL CREMATION, 7-11-68 NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) RENUMEL (Sterify) Hyattsville, Md. George Washington Cem. FUNERAL DIRECTOR ADDRESS 2Sq REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons 4739 Balt. Ave. Hyattsville, Mail 30M REV. 1/68



1 1 78 1	MARYLAND STATE DEPARTMENT OF HEALTH
100	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	2. Temps, Filmg402 7/1medical examiner's Certificate OF Death
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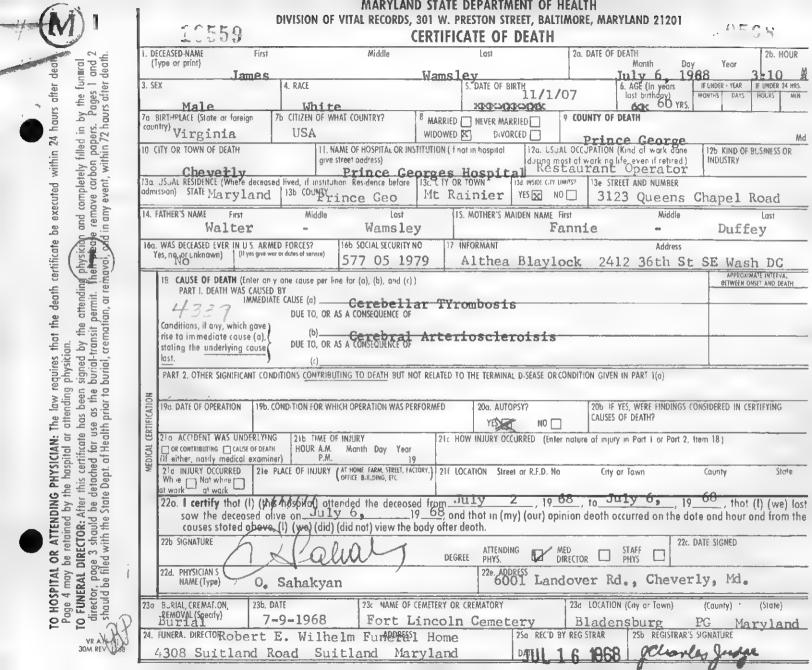


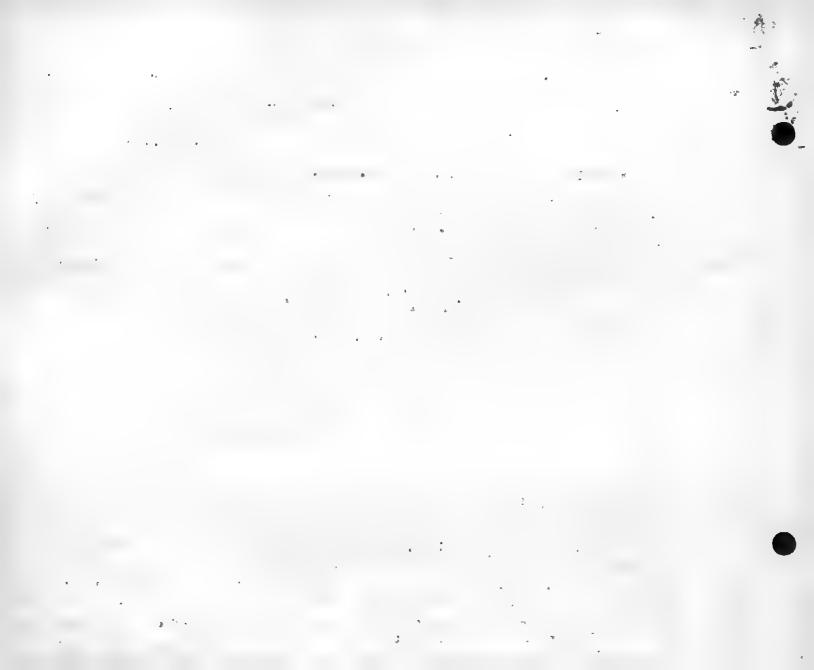
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death. 24 haurs after death. (Type or print) Month В. Eva Vetter 3. SEX 4 RACE IF JNDER YEAR 6 AGE in years Caucasian MONTHS: Female 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED country West Virginia **USA** Prince George's WIDOWED (X) paper hin 70 DIVDRCED [filled burial, crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR gath certificate be executed within duringmost of working He even if retired) Prince Geo. Gen. Hosp. the arending physician and campletely fi sit permit. Then please remave carban Cheverly Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Prince Geo. YES X NO [508 Allies Road Morningside 14 FATHER'S NAME First Last IS MOTHER'S MAIDEN NAME First Henry Dennis Ocie Garison 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Vera DaCrema, 5910 28 Avenue, Marlow Hts., Md Yes, no pr unknown) [If yes give war or dates of service] 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the prendir burial-transit permit. 2 days requires that the Canditians, if any, which gave) rise to immediate cause (a), Page 4 may be retained by the hospital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g1 TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health prior ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTDPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from 7/20 , 19 68 , ta July 22, 19 68 , that (1) (we) lost sow the deceased alive an July 22 19 68 , and that in (1999) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (chart) view the body after death. 22b. SIGNATURE m. D. DEGREE ATTENDING DIRECTOR PHYS 22e. ADDRESS 22d PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY
Arlington National Cem 23b. DATE 7-25-68 23a BURIAL, CREMATION, 23d LDCATION (City or Town) (Caunty) (State) Arlington, Va. REMOVAL (Specily) 4 FUNERAL DIRECTOR Wilhelm Funeral HomeDRESS 4308 Suitland Rd. Suitland, Maryland 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 [4] 30M REV, 1/68 Ochemila



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VR A15 (4)	24.	FUNERAL DIRECTOR		ADDRESS		REC'D BY REGISTRAL			
30M REV. 1/68		F. Gasch's So	ns	Hvattsvil	le. Maryland DAT	UL TO K	968 Pelia	relas Juda	1.0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10561 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle last 20 DATE OF DEATH 2b. HOUR death. eath erd (Type or print) Month 1968 George White :30AM Julv director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pages Fages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER YEAR 6 AGE (In years last birthdoy) HOHRS Ē MONTHS 12/3/03 Male Caucasian 64 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X SNEVER MARRIED country) WIDOWED [DIVORCED [Prince George's and completely filled in remave carban paper MARYLAND 24 ID. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 126 KIND OF BUSINESS OR law requires that the death certificate be executed within ND STRY TOBACCO Prince Geo.Gen'l Hospital during most of working life, eyen if retired.) Cheverly 13a USJAL RES DENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 138. INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland YES 🔀 NO [George's Clinton 7635 Lohr Lane 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle First M. ddle Last Last EE 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIÁL SECURITY NO Address Yes, no, ar unkatawn) JUNG APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY; Cardio-respiratory failure. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) Metastastic brin lesion rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the haspital or attending physician. stating the underlying couse carcinoma of the prostate. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 8 190 DATE OF OPERATION 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) or contributing cause of DEATH HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County Stote While Not while of work 220. 1 certify that (4) (this hospital) attended the deceased from May 20, 1968, to July 2, 1968, that (b) (we) last saw the deceased alive an July 2, 1968, and that in (22) (our) opinion death accurred on the date and hour and from the causes stated above, (a) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED. DIRECTOR July 2, 1968 22d PHYSICIAN'S 22e ADDRESS NAME (Type) Josefino Ceballos, M. D. Prince George's General Hospital Cheverly 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Maryland 23a BURIAL CREMATION 235 DATE REMOVAL (Specify) ADDRESS **FUNERAL DIRECTOR** VR A15 (4) 8 1968 DATE JUL -30M REV. 1/#



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME 20 DATE KNOWN Month 2h HONR (Type or Print) Earl Thomas OF ESTI-DEATH MATED & 7-14-68 25 pm M White AGE (In years F UNDER 24 HRS 20 DATE PRONOLINGED DEAD 3 SEX 4 RACE 5 DATE OF BIRTH 2d HOUR 68 9:59pm White 10-10-1946 Male Depart 70 BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? MARNED THE NEVER MARR ED 9 COUNTY OF DEATH the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm country) DIVORCED W DOWED [7] Maryland State [Prince George's 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON 1th not in hospital 120 USUAL OCCUPATION (Kind of work done during most of working the event Petrod) 12b K ND OF BUSINESS OR MOLSTRY U.S. Navy give street oddress) Officer Prince George Hospital Cheverly 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER Prince George's Mitchelville odmission) STATE YES NO X 2. Box 91-B 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Thomas White Ruth Catterton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within (Yes, no, or unknown) Iff yes give war or dates of service) -46-6664 Mrs. Ruth Catterton Richards-13-e-c. E within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART 1. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Laceration of brain event DUE TO, OR AS A CONSEQUENCE OF Skull fracture burial-transit Conditions, if ony, which gave 3 (b) From trauma - auto accident rise to immediate couse (a). This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO Ind ũ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should burial, crematian, PRIMARY OR CONTRIBUTING Driver of car involved in collision. 7-14-19 68 9:25 PM CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R. F.D. No. City or Town County Store fodory, office building, etc.)
Queen Anne Road and Route # 214, FUNERAL DIRECTOR: Page Pr.Geo Maryland 22a. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry , and in my apinian the funeral director. death resulted from: Natural causes Spicide . Hamicide Undetermined manner Accident CHIEF MEDICAL EXAMENER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **FYAMINER'S** 5 may TO FUNE Health Riverdale, Md. ADDRESS(Street, city, town, or county) NAME (Type) John Kehoe MD 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY DATE 23d LOCATION (City or Town) (Stote) REMOVAL (Specify)
Burial
24 FUNERAL DIRECTOR Mt. Calvary Methodist Lothian 2So REC D BY REG STRAR 25b REG STRAR'S SIGNATURE VR ATSME (5) Ritchie Bros. Upper Marlboro. Md 10M REV 1 '68

MARYLAND STATE DEPARTMENT OF HEALTH

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1	10563 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
£ /£3£	1 DECEASED NAME First Middle Last 2a. DATE OF DEATH 2a. Month Day Year (25. HOUR
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E LEVE	3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years I F UNDER 24 HE).
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d v	13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
completely filled in deve carban papers.	admission STATE 136 COUNTY ince George Accords YES NOX BOX 41
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ate b lease and i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 217, INFORMANT Address
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ertificate b physician nen pleose oval, and	110 ALL-10-2976 MIRS. Walber Willell Hocoker JIW.
ih certifi ling phy Then remova	18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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The law requires that the death certificate be executed within attending physician. The attending physician and completely fills se as the burial-trans;t permit. Then please regrets carban por the prarta burial, crematian, ar removal, and in any event, within	lost /) / / (c) TRostatic CA
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	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
SICI Spiro spiro ertifi ed l	Iff either, notify medical examiner) P.M. 19 21d IN. URY OCCURRED 21e PLACE OF IN. URY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street at R.F.D. No. City or Town County State
S PHYSICIAN: the haspital or this certificate detached far u e Dept of Heat	While Not while Office Building, ETC
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TENDING ined by th R. After to ould be d the State	22a. I certify that (1) (this haspital) attended the deceased from 7-15, 1965, ta 3-24, 1965, that (1) (we) last saw the deceased glive an 2-24 1965, and that in (my) (aur) apinion death accurred on the date and have and from the
EN Page d	saw the deceased alive an
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OR be r DIRE	Clifted Tapin MEDREE PHYS DIRECTOR - PHYS 1-24-68
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TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, #age 3 should be 6 \$	
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30M REV (18)	Hunt tunacal Home Waldow, Mod. DATEUL 29 1968 Charles Judge



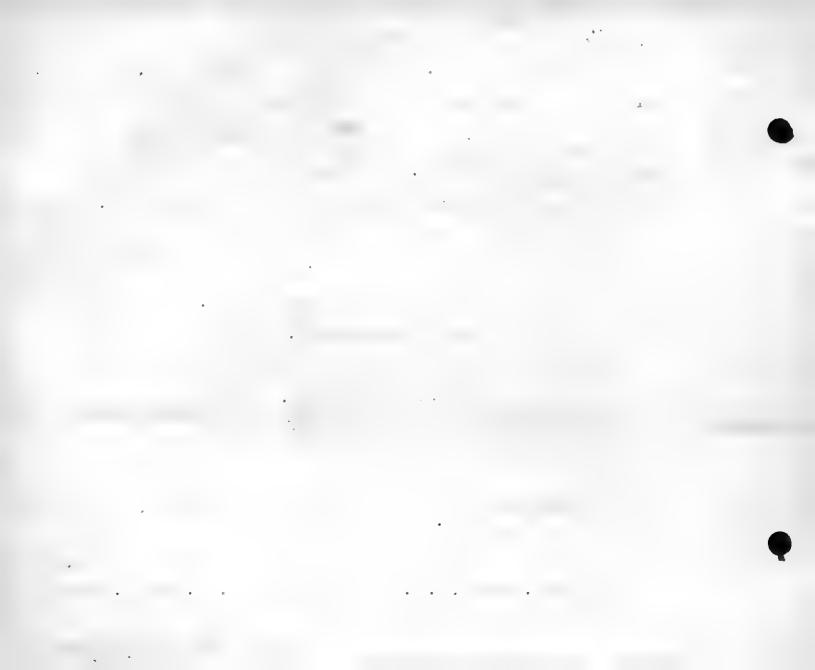
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		10564	DIVISION OF VITAL RECORDS, 3	OT W. PRESTON STREET, BA		12049
	7 -					
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l	3. SE	X	4 RACE	S DATE OF BIRTH	6. AGE (In years tost bightday)	F JNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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1	7a B		7b. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 COUNTY OF DEATH	
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		Charles	Will e	Ann	Stri	ckland
	16a,	WAS DECEASED EVER IN U.S. ARM	D FORCES? 166 SOCIAL SECURITY NO		Address	
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	ER!	21a. ACCIDENT WAS JNDERLYING			inter nature of injury in Part 1 or Port 2, 1	tem 181
	ਤ	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	,		,
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		22b. SIGNATURE	0 10 0	ATTENDING -	MED CONSTAFF CON	DATE SIGNED
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		22d PHYS CIAN S NAME (Type)	9	22e ADDRESS		
		Dennis	R. Derby Maj	Malchl	m Grow USAF Hospita	1]
	236	BURIAL (REMATION, 23b. D REMOVAL (Specify)		METERY OR CREMATORY	23d LOCATION (City ar Tawn)	(County) (State)
			9-68 Mem	rial Starden	Taragould-	ark.
	24.	FUNERAL DIRECTOR	ADDRESS,	25a, REC	D BY REGISTRAR S P 9 1968 256 REG STRAR S	SIGNATURE
	9	v. W. Chome	sens la, 517-11=	DY A.C. DARE	P 9 1968 gclian	les Indee



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2n. DATE OF DEATH 26 HOUR (Type or print) Month 10. Day 1968 ear Joseph 7 425 N Kent Wilson July 4 RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF LINCER 24 HRS last-birthday) Male Caucasian 12/25/1900 70 BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED THEYER MARRIED country) Maryland U. S. A. DIVORCED T Prince George's requires that the death certificate be executed within 24. signed by the ottending physicion ond completely fislest buriol-transit permit. Then please remove carbon pape burial, cremation, or removal, and in any event, within 7 1D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during host of marking life, even if retired) INDUSTRY Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 3d INSIDE CITY-LIMITS? odmission) STATE Maryland 13b. COUNTY Prince George's YES THE NOT 8525 Sheriff Rd. Landover 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Lost Joseph Perry Wilson Georgie Wallis 16a WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown) | (11 yes give war or dates of service) 16b SOCIAL SECURITY NO 17 NFORMANT 8421 Shewer Road Yes, no, ar unknown) John N. Wilson Landover, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE (AUSS (a) Bilateral Pulmonary Thrombo-embolii. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave (b) Congestive Heart failure. rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) hos been Right subdural Hemorrhage. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES XXX NO 🗍 TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 Item 18.) ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year director, page 3 should be detached should bill filed with the State Dept of (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City of Town County State While Not while 22a. I certify that (I) (shiskbounded) attended the deceased from 500, 19 68, that (I) (see last saw the deceased alive an July 10 19 68, and that in (my) torn apinian death accurred an the date and haur and from the couses stoted above, (I) (Nex (dia) (becaut) view the body after death. be retained 22b. SIGNATURE 22c DATE SIGNED ATTEND:NG PHYS MED DIRECTOR STAFF PHYS July 11, 1968 22d PHYSICIAN S 22e. ADDRESS NAME (Type) Don B. Cameron, M. D. 3503 Perry St. Mt. Rainier, Maryland 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 238 BURIAL CREMATION 23b DATE (County) (State) Burial (Specify) 7/13/68 Mt. Carmel Upper Marlboro P.G. Md. ADDRESS 24 FUNERAL DIRECTOR

Francis Gasch's Sons Hyattsville, Md.

MAKTLAND STATE DEPAKTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) a. COUNTY **b.** COUNTY 12 t by the and 2 death, MARYLAND b. CITY OR TOWN (if outside corporate limits) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and o write RURAL and Joiva nearest town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) IS RESIDENCE d STREET ADDRESS ON A FARM? YES T NAME OF Middle Last 4. DATE Year DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 24 HRS 7. MARRIED I NEVER MARRIED last birthday) Months WIDOWED ! 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) Me C 13. FATHER'S NAME 14. MOTHER'S MAUBEN NAME ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 1 17. WINFORMANT Ill yas give weror detas of sarvice 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, il any, which gave rise to immediate cause **DUE TO** (e), stelling the underlying cause last. PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE). 19. WAS AUTOPSY CERTIFICATION PERFORMED? prior use NO YES 6 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enjer nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20s, PLACE OF INJURY (Home, ferm, ; 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED | ŏ factory, street, office bldg., etc.] While Not While Hour a.m. OR: at work at work p.m. 21 | certify that (I) (this hospital) attended the deceased from.... from the causes and on the date stated above. saw the deceased alive on......, and that death occurred at 22b. DATE SIGNATU ATTENOING MED. SIGNED STAFF PUNERAL PHY5. DIRECTOR PHYS. HOSPITA 22d. AODRESS TO FUNE director, p 23c. NAME OF CEMETERY OR CREMATORY 238, BARIALI CREMATION, LOCATION REMOVAL (Specify) O. Line Bropf. FLINERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 20M S-63



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYTAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH MEDICAL EXAMINER'S CORP. MEDICAL EXAMINER'S CORP. MEDICAL EXAMINER'S CORP. To BE ALTER DORD. TO BE A	l 1	1	MARYLAND STATE DEPARTMENT OF HEALTH
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10576 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE KNOWNE Month 2b. HOUR (Type or Print) OF ESTI-Iny deloy is 2, and 3 ta PM3. Poge to Jo. M DEATH MATED 198: BOOM M Sr. Frank Wood Department IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 6819 8:47pmM 7-3-1899 69 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH ce along with form WIDOWED DIVORCED [Prince George's Give Pages 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Cheverly Prince George Hospital ARPENTER 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN Prince George's YES NO 6821 Beaver Dam Road Beltsville ofter 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME KNOWN (⊆ hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? penerit 16b. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, oyunknown) 578-03-14218 MARIK Exar File APPROXIMATE INTERVAL = be executed within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 4 should be forworded to the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic carcinoma IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Carcinoma of colon over 8 mo. burial-tronsit Conditions, if any, which gave rise ta immediate cause (a). ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol, CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO T 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection x Inquiry and in my opinion the funerol director. death resulted from Notural couses 20 Suicide Accident 1 Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 5 moy 10 FUNE Heofth **EXAMINER'S** Riverdale, Md. NAME (Type) John Kehoe MD ADDRESS(Street, city, tawn, or county) 23o. BURIAL CREMATION 23b. DATE 23d. LOCAJION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 25g/ REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	. 1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED-NAME First , Middle , Lost 2a DATE KNOWN CO Month Day Year 21	b. HOUR
5 0 e 5		Type or Print) JOHN V YEAGER DEATH MATED Quely 3 1968	M
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ding" in ledical Ex sermit. Fi		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPROXIMATE INTER BETWEEN ONST AND The part is the course of the cours	
This certificate should be executed within 24 hours after death icate, writing the word "pending" in pencil in Item 18. Give Pag be forwarded to the Chief Medical Examiner's Office olong with 1 be used as a burial-transit permit. File pages land 2 with the Statemoval, and in any event within 72 hours after death.		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause but TO, OR AS A CONSEQUENCE OF but TO, OR AS A CONSEQUENCE OF	
g the wed to the solution ond in conding		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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=	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
the star fill man	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	State
ICAL EXA- lease execute director. Page- etained for you DIRECTOR: Page nr to burial, cre		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry and in my a death resulted fram: Natural causes , Accident , Suicide , Hamicide Undetermined manner	opinion
please I direct retain		ACTUAL DOLLA OTIVATION MD ASSISTANT MEDICAL EXAMINER 1 4720, DATE, SIGNATURE MD ASSISTANT MEDICAL EXAMINER 1 4720, DATE, SIGNAD	lisks
O DEPUTY necessary, p the funeral 5 may be ra 0 FUNERAL Heolth prior		EXAMINER'S NAME (Type) DAYTON O MATKINS DEPUTY MEDICAL EXAMINER P ADDRESS(Street, city, town, or county) 7-3-6	ad
TO D nece the 5 m TO R	23a.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. IOCATION (City or Town) (County) (Stote REMOVAL Specific 7-6-1968 Mt Olivet Cemetery Washington, D.C.	*)
		FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	
VR A15ME (5) 10M REV. 1/68		Nalley Funeral Home Mt. Rainier, Md. My - 8 1968 Charles Judge	

